



SOUTH AFRICAN COUNCIL
for the
ARCHITECTURAL PROFESSION

Postal: PO Box 408, Bruma, 2026
Physical: 1st Floor, Lakeside Place, Cnr Ernest Oppenheimer and Queen Street, Bruma, Johannesburg
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ARCHITECTURAL COMPLIANCE CERTIFICATE (Interim IDoW Policy : Board Notice 154 of 2011)

This certificate is to be completed in duplicate and submitted by the Registered Person so identified by the Architectural Professions Act 44 of 2000, Section 26(4), as the authorised person responsible:

1. A company resolution in support of Item C (where required) and two copies of this Certificate, together with applicable drawings and documentation, must be submitted to the local authority concerned for approval to build
2. One completed copy of this Certificate, stamped by the local authority concerned, is to be retained by the Registered Person Complete or indicate with a cross where applicable

A.1. PROJECT DETAILS

Authority:	eTHEKWINI MUNICIPALITY		
Stand no:	PTN 2 OF ERF 695	Township:	MORNINGSIDE
Street address:	355 INNES ROAD, MORNINGSIDE		
Proposed project:	INTERNAL ALTERATIONS TO UNIT 16 OF SONNING FLATS		

A.2. PROJECT CLASSIFICATION AS PER SACAP REGULATIONS FOR THE IDENTIFICATION OF WORK SCHEDULES

SACAP Building Classification/s:	DOMESTIC RESIDENCE	Code/s:	H3
Complexity scale:	LOW <input checked="" type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>

A.3. SENSITIVITY SCALE

Sensitivity scale:	LOW <input checked="" type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
ENVIRONMENTAL Impact Assessment:	<input checked="" type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> REQUIRED (Included)	National Heritage Site: Year of Declaration:
HERITAGE Impact Assessment:	<input checked="" type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> REQUIRED (Included)	National Heritage Building: Year of Declaration: Year/s of construction:
SOCIAL Impact Assessment:	<input checked="" type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> REQUIRED (Included)	All other buildings: Year/s of construction:

B. REGISTERED PERSON AUTHORISED IN TERMS OF ARCHITECTURAL PROFESSIONS ACT 44 OF 2000, Sections 18, 26(3) & 26(4)

Registered Person:	STEVEN ROBERTS			
Registration No:		Professional title:	PrArch <input checked="" type="checkbox"/> PrSArchT <input type="checkbox"/> PrArchT <input type="checkbox"/> PrArchDraught <input type="checkbox"/>	
Architectural Practice:	FGG ARCHITECTS			
Postal address:	107 BEACON ROCK, 21 LIGHTHOUSE ROAD, UMHLANGA			Code: 4319
Physical address:	107 BEACON ROCK, 21 LIGHTHOUSE ROAD, UMHLANGA			Code: 4319
Telephone:	031 208 2272	E-mail address:	Steve@fggarchitects.co.za	
Facsimile:		Mobile phone:		

I, STEVEN ROBERTS being the abovementioned authorised responsible Professional Registered Person acting for and on behalf of the Architectural Practice as above, have accepted the appointment and hereby undertake to accept responsibility for providing the respective local authority with such drawings, details and particulars as it may require in terms of the National Building Regulations for approval to build. I, the undersigned, also hereby confirm that the project classification and site classification information provided above is correct in all aspects, and that my appointment to this project is not in variance with my competence, individual registration conditions and the Code of Professional Conduct under the South African Council for the Architectural Profession.

SIGNED

(Professional Registered Person who certifies that the above information is true and correct)

DATE 18/05/2023

C. PROPERTY OWNER/AUTHORISED AGENT

Name:	DAVID JOHN VLCEK		CC/Trust, etc No:	
Postal address:	PO Box 913, UMHLANGA		Code:	4320
Physical address:			Code:	
Telephone:	031 536 8500	E-mail address:	Dvlcek@coxyears.co.za	
Facsimile:	[]	Mobile phone:	[]	

I, DAVID JOHN VLCEK being the Owner/Authorised Agent of the above property, have appointed the Professional Registered Person, whose details appear above, as the Registered Person in terms of the Architectural Professions Act No 44 of 2000, and duly authorised representative for the Architectural Practice as above, for the proposed project detailed herewith to obtain approval to build from the local authority concerned.

SIGNED

(Property Owner/Authorised Agent)

DATE

18/05/2023

D. LOCAL AUTHORITY

AUTHORITY STAMP
DATE

This certificate serves only to confirm compliance by the Registered Person in terms of the Architectural Professions Act 44 of 2000, with Sections 26(3) and 26(4) regarding competency to perform the architectural work identified in their registration conditions for the specified project in this certificate, and does not in any way imply compliance or approval of any other regulations, standards or conditions of or by any authority concerned.