



**ARCHITECTURAL COMPLIANCE CERTIFICATE**

This certificate is to be completed 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**

|                          |  |                  |          |
|--------------------------|--|------------------|----------|
| <b>Authority:</b>        | ETHEKWINI MUNICIPALITY   |                  |          |
| <b>Stand no:</b>         | ERF 202  | <b>Township:</b> | SYDENHAM |
| <b>Street address:</b>   | 35 ZINNIA ROAD ASHERVILLE, DURBAN  |                  |          |
| <b>Proposed project:</b> | ADDS. & ALTS. TO EX. RESIDENCE AND CONVERSION OF EX. O/B TO ANCILLARY UNIT |                  |          |

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

|   |   |                                 |                               |
|---|---|---------------------------------|-------------------------------|
| <b>SACAP Building Classification/s:</b> | SPECIAL RESIDENTIAL 400                 | <b>Code/s:</b>                  | H4                            |
| <b>Complexity scale:</b>                | <input checked="" type="checkbox"/> LOW | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> HIGH |

**A.3. SENSITIVITY SCALE**

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

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

|                                |  |                            |                                 |                                   |   |  |      |
|--------------------------------|--|----------------------------|---------------------------------|-----------------------------------|---|--|------|
| <b>Registered Person:</b>      | S.S. PILLAY                                |                            |                                 |                                   |   |  |      |
| <b>Registration No:</b>        | PAT20702                                   | <b>Professional title:</b> | <input type="checkbox"/> PrArch | <input type="checkbox"/> PrSArchT | <input checked="" type="checkbox"/> PrArchT | <input type="checkbox"/> PrArchDraught |      |
| <b>Architectural Practice:</b> |  |                            |                                 |                                   |   |  |      |
| <b>Postal address:</b>         | 20 SHIRAZ, 93 CHILTERN DRIVE, CLARE ESTATE |                            |                                 |                                   |   | <b>Code:</b>                           | 4092 |
| <b>Physical address:</b>       | 20 SHIRAZ, 93 CHILTERN DRIVE, CLARE ESTATE |                            |                                 |                                   |   | <b>Code:</b>                           | 4092 |
| <b>Telephone:</b>              | [ ]  | <b>E-mail address:</b>     | strinipillay17@gmail.com        |                                   |   |  |      |
| <b>Facsimile:</b>              | [ ]  | <b>Mobile phone:</b>       | [ ] 084 5535 126                |                                   |   |  |      |

I, **S.S. PILLAY**

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** 23-09-2023

**C. PROPERTY OWNER/AUTHORISED AGENT**

|                          |                                   |                         |                      |
|--------------------------|-----------------------------------|-------------------------|----------------------|
| <b>Name:</b>             | A.Y. OMAR                         | <b>CC/Trust,etc No:</b> |                      |
| <b>Postal address:</b>   | 35 ZINNIA ROAD ASHERVILLE, DURBAN |                         | <b>Code:</b> 4001    |
| <b>Physical address:</b> | 35 ZINNIA ROAD ASHERVILLE, DURBAN |                         | <b>Code:</b> 4001    |
| <b>Telephone:</b>        | [ ]                               | <b>E-mail address:</b>  | ashrafomar3@live.com |
| <b>Facsimile:</b>        | [ ]                               | <b>Mobile phone:</b>    | [ ] 079 399 3126     |

I, **A.Y. OMAR**

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** 23-09-2023

**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.