



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:	KWADUKUZA MUNICIPALITY		
Stand no:	4118	Township:	STANGER
Street address:	411 COLLEGE ROAD		
Proposed project:	REPAIRS & RENOVATIONS		

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

SACAP Building Classification/s:	PLACES OF INSTRUCTION	Code/s:	A3
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 checked="" 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 type="checkbox"/> NOT APPLICABLE	<input checked="" type="checkbox"/> REQUIRED (Included)	National Heritage Building: Year of Declaration: Year/s of construction: 1920
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:	ANDREW CLARKSON		
Registration No:	SACAP 7471	Professional title:	<input checked="" type="checkbox"/> PrArch <input type="checkbox"/> PrArchT <input type="checkbox"/> PrArchT <input type="checkbox"/> PrArchDraught
Architectural Practice:	COOTE CLARKSON ARCHITECTS INC.		
Postal address:	PO BOX 6600	Code:	4418
Physical address:	223 SIMBITHI OFFICE PARK, SALT ROCK	Code:	4390
Telephone:	[032] 5860952	E-mail address:	andrew@cooteclarkson.co.za
Facsimile:	[032] 5860952	Mobile phone:	[082] 893 7633

I, ANDREW CLARKSON 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 DATE 27/10/2016
(Professional Registered Person who certifies that the above information is true and correct)

C. PROPERTY OWNER/AUTHORISED AGENT

Name:	ANDREW CLARKSON	CC/Trust,etc No:	
Postal address:	PO BOX 6600	Code:	4418
Physical address:	223 SIMBITHI OFFICE PARK, SALT ROCK	Code:	4390
Telephone:	[032] 5860952	E-mail address:	andrew@cooteclarkson.co.za
Facsimile:	[032] 5860952	Mobile phone:	[083] 8937633

I, ANDREW CLARKSON 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 DATE 27/10/2016
(Property Owner/Authorised Agent)

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.

