**Office of the City Manager**

PO Box 134, East London, 5200

10th Floor, Trust Centre, East London, 5201

**Tel:** 043 705 1045 | **Fax:** 043 743 1941

**Email:** thembisas@buffalocity.gov.za

|  |  |  |
| --- | --- | --- |
| **APPLICATION FORM FOR THE APPROVAL OF BUILDING PLANS**  | **PLAN NO.** |  |

Complete or indicate with a cross where applicable

**A STAND DESCRIPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Stand no:** | 18223 | **Township:** | SUNNYRIDGE |
| **Street address:** | 18 GILMORE ROAD  |
| **Land size:** |  |

**B. PROJECT DETAILS**

|  |  |
| --- | --- |
| **Type of work** | 3 X GARAGES ( OUTBUILDING) |
| **Type of building:** | RES |
| **Area of building:** | 64sqm | **Estimated Cost** |  |

**C. PROPERTY OWNER/AUTHORISED AGENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  | MS RILITYANA | **CC/Trust,etc No:** |  |
| **Postal address:** | 18 GILMORE ROAD SUNNYRIDGE | **Code:** | 5219 |
| **Physical address:** | 18 GLIMORE ROAD SUNNYRIDGE | **Code:** |  |
| **Telephone:** | [ ] | **E-mail address:** |  |
| **Facsimile:** | [ ] | **Mobile phone:** | [ ] |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SACAP Registration No:** | D1521 | **Professional title:** | PrArch | PrSArchT | PrArchT | PrArchDraught |
| **Architectural****practice/firm:** | YOLANDA DESIGNS |
| **Postal address:** | 2617 N U 7 MDANTSANE | **Code:** | 5219 |
| **Physical address:** |  | **Code:** |  |
| **Telephone:** | [ ] | **E-mail address:** |  |
| **Facsimile:** | [ ] | **Mobile phone:** | [  |

I,\_RILITYANA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the registered owner/authorized agent of the abovementioned property hereby undertake to comply with the building plans submitted with this application; National Building Regulations and Building Standards Act 103 of 1977; conditions of sale conditions of title as per township establishment; conditions of subdivision and requirements of the Occupational Health and Safety Act 85 of 1993. I further understand that no refund; except for the street refundable fees will be made by the Council once this application has been submitted, I/we further acknowledge that the Council will not be held liable, in terms of section 23 of the Act, to any person for any loss; damage; injury or death resulting or arising out of or in any way connected with the manner in which the proposed building is designed; erected; demolished or altered or the material used in the erection of the proposed building or the quality of workmanship in the erection; demolition or alteration of the proposed building.

**SIGNED \_\_\_\_\_\_\_\_RILITYANA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_05 APRIL 2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(owner or agent)