USE BLACK INK TO FILL IN FORM AND TO SIGN PLANS

NELSON MANDELA BAY MUNICIPALITY

SUBMISSION OF BUILDING PLAN

National Building Regulations Nos. A2 & A5

National Building Regulations and Building Standards Act, 1977, Section No. 4

No plans will be accepted unless this form is filled in completely where and as applicable.
No plans will be accepted unless the building fee where due is paid at the time the plans are deposited.
No plans will be accepted unless signed by the owner in black ink and unless the name and address of the person who prepared th are clearly shown on the plans. In the case of a registered architect, land surveyor or professional engineer, his/her profession a registration number (if any) must also be shown.

TO: **NELSON MANDELA BAY MUNICIPALITY**

I, the undersigned, hereby apply to carry out certain works set forth in the plans sent herewith and the following schedule, and I undertake execute the same in strict accordance with the National Building Regulations made under the National Building Regulations and Build Standards Act, 1977 and the retained Regulations made under the Cape Municipal Ordinance No. 20 of 1974.

SCHEDULE RELATIVE TO BUILDING REGULATIONS Plan no: .....

Road upon which building fronts: Marine Drive

Foundations - materials: N/a Existing

Walls - materials: Cement stock bricks & cement mortar

Damp course - material: .85mm concrete surface BE above DCM

Ventilation - window space of each room: Natural ventilation

Roofs covered with: N/a Existing

Stairs· composed of: N/a

WRITE ERF NO. AND VALUE (COMMENCE IN RIGHTMOST BLOCK)

TYPE 15	A/A 18	ERF No. 20	SUB 25	VALUE (R) 29	O 37
		3456			

TO BE COMPLETED IN BLOCK LETTERS: COMMENCE WRITING IN LEFTMOST BLOCK

38 DESCRIPTION OF WORK
Internal Alteration

OWNER'S TEL.:

CELL .....

WORK .....

15 OWNER'S NAME

43 ADDRESS OF PROPOSED BUILDING
Boardwalk Mall, Summerstrand

DESIGNER'S TEL.:

WORK 010 140 8522

CELL .....

15 DESIGNER'S NAME
Steven Dike

SACAP Number
Pr Arch- 5580

43 DESIGNER'S ADDRESS
Lincolnwood office Park, Building D, Woodmead

AGE OF BUILDING ____ YEARS

15 APPLICANT'S NAME

43 APPLICANT'S ADDRESS

VALUE OF BUILDING

m² x **R** =

m² x **R** =

m x **R** =

Estimated cost

TOTAL VALUE =

15 FEE PAID

RECEIPT NO.

BATH 15	GARAGES 18	AREA (m²) excl. carports 21

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Date

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SIGNATURE OF OWNER

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