

MOSSSEL BAY MUNICIPALITY
APPLICATION IN TERMS OF SECTION 12 OF ACT 103 OF 1977 (as amended)

BUILDING CONTROL:

DEMOLITION APPLICATION

Tel: 044 606 5073

www.mosselbay.gov.za/resource-category/building-control



PROPERTY INFORMATION:

Erf no:

Suburb:

Street Address:

REGISTERED OWNER:

Name:

ID:

Postal address:

Code:

Contact person:

Tel/Cell:

Email:

Alternative Email:

The Mossel Bay Municipality corresponds by email (default). If you would like an alternative means of communication, please indicate this.

Owner:

Company

Resolution letter authorising the signatory

Registrar of Companies

Trust

Resolution letter authorising the signatory

Letter of authority from the Master of the Supreme Court

Body Corp

Resolution letter authorising the signatory

PROPOSED DEMOLITION:

Purpose of demolition:

Structures: DWELLING / FLAT / GROUP HOUSING / OTHER: _____

Number of

Bedrooms:

Construction / Materials:

Livingrooms:

Roofing:

Diningrooms:

Walls:

Bathrooms:

Floors:

Laundry/store:

Ceilings:

Occupancy:

OWNER / TENANT / VACANT

Services to be disconnected:

WATER / SEWER / ELECTRICAL / NONE

Proposed new development:

ARCHITECTURAL PROFESSIONAL: (if applicable)

Name:

SACAP no:

Company:

Postal address:

Code:

Email:

Tel/Cell:

Signed:

Date:

DOCUMENTS REQUIRED:Site Plan: 3 Relevant photographs : Title deed:

Questionnaire:

If yes:

Is the building older than 60 yrs? YES / NO

Heritage approval required

Is the property within a heritage area? YES / NO

Heritage approval required

Is the property bonded? YES / NO

Bank authorisation required

Is the property insured? YES / NO

Insurance authorisation required

Is the property part of an Home Owners Association or Body Corporate? YES / NO

HOA/Body Corp approval required

Is the structure unsound or could the demolition affect any other buildings? YES / NO

Engineer's appointment required

Please note that the municipality reserves the right to ask for any additional documentation, as may be necessary to process this application.

OWNER'S DECLARATION:

I certify that the answers on this Application are, to the best of my knowledge, correct.

Authorised representative:

Signed:

Date:

Proof of Payment:**Vote number:****for office use only**

9/910 - 384 - 70010

Ward 1

9/910 - 384 - 70011

Ward 2

9/910 - 384 - 70012

Ward 3

9/910 - 384 - 70013

Ward 4

9/910 - 384 - 70014

Ward 5

9/910 - 384 - 70015

Ward 6

9/910 - 384 - 70016

Ward 7

9/910 - 384 - 70017

Ward 8

9/910 - 384 - 70018

Ward 9

9/910 - 384 - 70019

Ward 10

9/910 - 384 - 70020

Ward 11

9/910 - 384 - 70021

Ward 12

9/910 - 384 - 70022

Ward 13

9/910 - 384 - 70023

Ward 14