MOSSEL BAY MUNICIPALITY

BUILDING CONTROL: POWER OF ATTORNEY

Tel: 044 606 5073 www.mosselbay.gov.za/resource-category/building-control

PROPERTY INFORMATION:

Erf no: Suburb:

Street Adress:

Description of work:

REGISTERED OWNER:

Name: ID:

Postal adress: Code:

Contact person: Tel/Cel:

Email: Alternative Email:

AUTHORISED REPRESENTATIVE:

Name: ID:

Postal adress: Code:

Email: Tel/Cel:

DECLARATION:

I, the undersigned, hereby grant permission for the above-mentioned person to act as legal representative for the submission of the application and to act on my behalf and take the necessary steps, as required by the Local Authority, to ensure that the application complies with the conditions contained in Act 103 of 1977 (as amended) and any other By-Laws as may be applicable.

Owner:

Signed: Date:

Authorised Representative:

Signed: Date: