MOSSEL BAY MUNICIPALITY
APPLICATION IN TERMS OF SECTON 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:	

Questionaire:		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 there any asbestos on site?	YES / NO	Contractor's appointment 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 Associationg or Body Corperate?	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 docmentation, 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	