

PRE-CONSULTATION FORM

LAND PARCEL INFORMATION

ADDRESS:	
ERF NO:	
REGISTERED PROFESSIONAL/OWNER	
DATE:	
ASSISTED BY:	

COMMENTS OR ISSUES DISCOVERED AND / OR RAISED DURING CONSULTATION:

1. _____
2. _____
3. _____
4. _____
5. _____

RECOMMENDATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____

NB: APPLICANT TO CONSULT OTHER SERVICE DEPARTMENTS PRIOR TO FORMAL BUILDING PLAN / AMNESTY SUBMISSION

Town Planning ☐
Health ☐
Estates ☐

Electrical ☐
Fire ☐

Environmental Health ☐
Technical ☐