SOUTH AFRICAN COUNCIL for the ARCHITECTURAL PROFESSION

Postal: PO Box 408, Bruma, 2026
Physical: 1st Floor, Lakeside Place, Cnr Ernest Oppenheimer and Queen Street, Bruma, Johannesburg
Tel: +27 11 479 5000 | Fax: +27 11 479 5100

ARCHITECTURAL COMPLIANCE CERTIFICATE

This certificate is to be completed and submitted by the Registered Person so identified by the Architectural Professions Act 44 of 2000, Section 26(4), as the authorised person responsible

1. A company resolution in support of Item C (where required) and two copies of this Certificate, together with applicable drawings and documentation, must be submitted to the local authority concerned for approval to build
2. One completed copy of this Certificate, stamped by the local authority concerned, is to be retained by the Registered Person

Complete or indicate with a cross where applicable

A.1. PROJECT DETAILS

Authority:	Kouga Municipality		
Stand no:	924	**Township:**	Sea Vista, St. Francis Bay
Street address:	17 Poivre Crescent, Sea Vista, St. Francis Bay		
Proposed project:	Additions & Alterations		

A.2. PROJECT CLASSIFICATION AS PER SACAP REGULATIONS FOR THE IDENTIFICATION OF WORK SCHEDULES

SACAP Building Classification/s:	Dwelling	**Code/s:**	H4
Complexity scale:	~~LOW~~	MEDIUM	HIGH

A.3. SENSITIVITY SCALE

Sensitivity scale:	~~LOW~~		MEDIUM		HIGH	
ENVIRONMENTAL Impact Assessment:	~~NOT APPLICABLE~~	REQUIRED (Included)	**National Heritage Site:**	**Year of Declaration:**		
HERITAGE Impact Assessment:	~~NOT APPLICABLE~~	REQUIRED (Included)	**National Heritage Building:**	**Year of Declaration:**		**Year/s of construction:**
SOCIAL Impact Assessment:	~~NOT APPLICABLE~~	REQUIRED (Included)	**All other buildings:**	**Year/s of construction:**		

B. REGISTERED PERSON AUTHORISED IN TERMS OF ARCHITECTURAL PROFESSIONS ACT 44 OF 2000, Sections 18, 26(3) & 26(4)

Registered Person:	HANNES GOUWS					
Registration No:	PSAT32449887	**Professional title:**	PrArch	~~PrSArchT~~	PrArchT	PrArchDraught
Architectural Practice:	H.GOUWS RENDERS					
Postal address:	UNIT 10, 19 CACTUS ROAD, FAIRVIEW, PORT ELIZABETH				**Code:**	6075
Physical address:	UNIT 10, 19 CACTUS ROAD, FAIRVIEW, PORT ELIZABETH				**Code:**	6075
Telephone:	/	**E-mail address:**	hgouws.renders@gmail.com			
Facsimile:	/	**Mobile phone:**	072 799 9597			

I, _____ HANNES GOUWS _____ being the abovementioned authorised responsible Professional Registered Person acting for and on behalf of the Architectural Practice as above, have accepted the appointment and hereby undertake to accept responsibility for providing the respective local authority with such drawings, details and particulars as it may require in terms of the National Building Regulations for approval to build. I, the undersigned, also hereby confirm that the project classification and site classification information provided above is correct in all aspects, and that my appointment to this project is not in variance with my competence, individual registration conditions and the Code of Professional Conduct under the South African Council for the Architectural Profession.

SIGNED _____ **DATE** ___25 April 2022_____

(Professional Registered Person who certifies that the above information is true and correct)

C. PROPERTY OWNER/AUTHORISED AGENT

Name:	Mrs. Sanet Owen			**CC/Trust,etc No:**	
Postal address:	5 Sunnybrae drive, Lovemore Heights Estate, Port Elizabeth			**Code:**	6075
Physical address:	5 Sunnybrae drive, Lovemore Heights Estate, Port Elizabeth			**Code:**	
Telephone:	/	**E-mail address:**	sanet@ladygroup.co.za		
Facsimile:	/	**Mobile phone:**	082 518 1771		

I, _____ SANET OWEN _____ being the Owner/Authorised Agent of the above property, have appointed the Professional Registered Person, whose details appear above, as the Registered Person in terms of the Architectural Professions Act No 44 of 2000, and duly authorised representative for the Architectural Practice as above, for the proposed project detailed herewith to obtain approval to build from the local authority concerned.

SIGNED _____ **DATE** _____25 April 2022_____

(Property Owner/Authorised Agent)

D. LOCAL AUTHORITY

AUTHORITY STAMP
DATE

This certificate serves only to confirm compliance by the Registered Person in terms of the Architectural Professions Act 44 of 2000, with Sections 26(3) and 26(4) regarding competency to perform the architectural work identified in their registration conditions for the specified project in this certificate, and does not in any way imply compliance or approval of any other regulations, standards or conditions of or by any authority concerned.