DEPARTMENT: Planning and Development

LAND DEVELOPMENT APPLICATION FORM

KOUGA LOCAL MUNICIPALITY

In terms of the Kouga Local Municipality Spatial Planning and Land Use Management By-Law

INSTRUCTIONS

Ref No

(to be completed by an official)

a) Please complete form using block capitals and ticking appropriate boxes.

b) This form is issued without prejudice and does not constitute acceptance of the application contemplated in Section 90 of the By-Laws.

FOR OFFICICE USE ONLY

Date Received	D	D	M	M	Y	Received by		
File Ref No.								

SECTION A: APPLICANT DETAILS

First names	Johannes Stephanus		
Surname	Gouws		
SACPLAN Reg No	SACAP: PSAT32449887		
Company/Trust Name	H.Gouws Renders	VAT No	N/A

Please complete with an X the preferred method of formal written communication

	Business Address				
	Town/City		Postal Code		
X	Email	hgouws.renders@gmail.com			
	Tel	072 799 9597	Fax	N/A	Cell 072 799 9597