

NOTIFICATION OF A COUNCIL'S CONSENT APPLICATION				
HOME BUSINESS		BED AND BREAKFAST ESTABLISHMENT		TUCK SHOP

DATE:.....

TO: (Registered Owner/s)

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.....

NOTICE is hereby given that application will be made for the Council's CONSENT of the eThekweni Municipality for authority to:

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.....
.....

at (Street address)

on (Full cadastral description/Erf no).....

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.....

NAME AND ADDRESS OF APPLICANT

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.....
.....
.....

.....
Applicant's Tel. No.

.....
Applicant's Fax. No or e-mail:.

I/WE have **NO OBJECTION** to the above application **OR** (*Please delete whichever is not applicable*)

I/WE **OBJECT** to the above application, and **attached** hereto is:

- 1) A letter of objection setting out the reasons for my/our objection
- 2) Proof of notification to the aforementioned applicant (either registered slip or receipt of copy signed by applicant)

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Signature of registered owner/s //
**Chairman of Body Corporate // Trust //
Managing Director of Company //
Managing Director of the Share Block

.....
Full names in BLOCK LETTERS

.....
I.D. Number

Telephone No. and/or E-mail.

NOTE: Should any objections be lodged against this application, or should this form not be completed by all the identified surrounding registered owners, a full Special Consent application shall be required and re-notification necessary.

N.B.

1. This letter must be forwarded by hand to the Land Use Management Branch at the relevant Regional Office as listed at the back of this form.
2. Office hours: 08h00 to 12h30 Weekdays (excluding Public Holidays).

P.T.O. : IMPORTANT INFORMATION

IMPORTANT:

1. The purpose of this form is to ensure that you, as the registered owner/s of the affected property, have had sight of the plan which is to be submitted to the eThekweni Municipality for consideration of the use indicated overleaf and that you understand the implications thereof and its potential impact upon your amenities and that you have no objections to the proposal.
2. Should you have an objection to the use, please provide a separate letter setting out your grounds of objection. Your objection will result in the Applicant having to submit a full Special Consent application.
5. **** Where the owner is a Body Corporate, Director or a Member of a Company, Home Owners Association, a Trust or a Close Corporation, an Original signed letter of Authority for the signatory is required.**
4. Should you have any enquiries with respect to this form and the relevant procedure, please contact the Department using one of the following:

INFORMATION REGARDING THE SUBMISSION OF YOUR APPLICATION.

OFFICE HOURS: Submission Counter Times: 08h00 to 12h30 weekdays.

TELEPHONE NUMBERS FOR THE REGIONS:

- **CENTRAL:** +27 31 311 7309 / Fax 031 311 7859/e-mail: Zethu.Madikizela@durban.gov.za / Bella.Phillips@durban.gov.za / Jenessa.Seeban@durban.gov.za
- **NORTH:** +27 31 311 6063 / Fax 031 311 6034 / e-mail: Nancy.Moonsamy@durban.gov.za
- **SOUTH:** +27 31 311 5834 / Fax 031 311 5899 / e-mail: Logie.Moodley@durban.gov.za / Thandi.Sishi@durban.gov.za
- **INNER WEST:** +27 31 311 6265 / Fax 031 701 8863 / e-mail: Nomfundo.Ngubane@durban.gov.za
- **OUTER WEST:** +27 31 311 2763 / Fax 031 765 5389 / e-mail: zanele.luthuli2@durban.gov.za