

**BUILDING PLAN –  
PLANNING ASSESSMENT APPLICATION**

APPLICATION NO. FOR OFFICE USE ONLY

**PA / /201 /  
REL / /201 /**

Please ensure that this form is fully completed.

PROPOSED DEVELOPMENT / USE.....  
 ..... No. OF UNITS.....  
 STREET ADDRESS.....  
 CADASTRAL DESCRIPTION (ERF NO.).....  
 .....  
 ..... AGE OF EXISTING BUILDING.....  
 SUBURB..... SCHEME.....

**RELAXATION DETAILS:**  
 a) the building line / side / rear space from ..... to ..... metres on the ..... boundary;  
 .....  
 and/or  
 b) the building line / side / rear space from ..... to ..... metres on the ..... boundary;  
 .....  
 and/or  
 b) the building line / side / rear space from ..... to ..... metres on the ..... boundary;  
 .....  
 and/or  
 d) height of building/walls .....

**APPLICANT:**  
 NAME OF APPLICANT.....  
 PHYSICAL ADDRESS.....  
 ..... CODE.....  
 POSTAL ADDRESS.....  
 (where different from above).....  
 ..... CODE.....  
 Tel. No. (W)..... (H)..... Fax No. .... Cell No. ....  
 E-mail.....  
 SIGNATURE OF APPLICANT..... I.D. No.....

**OWNER OF PROPERTY:**  
 NAME OF OWNER.....  
 PHYSICAL ADDRESS.....  
 ..... CODE.....  
 POSTAL ADDRESS.....  
 ( where different from above ).....  
 ..... CODE.....  
 Tel. No. (W)..... (H)..... Fax No. .... Cell No. ....  
 E-mail.....  
 I hereby declare that I am :  the registered owner  sectional title holder  legal representative (P.O.A.)  tenant (P.O.A.)  other, (P.O.A.)  
**Please note** : Where the owner is a Body Corporate, a member of the Body Corporate, Director or a Member of a Company, Home Owners Association, a Trust or a Close Corporation, an Original signed letter of Authority is required.  
 SIGNATURE OF OWNER..... I.D. No.....  
 SIGNATURE OF OWNER..... I.D. No.....

**AUTHOR OF PLAN**  
 NAME.....  
 ADDRESS.....  
 ..... CODE.....  
 Tel. No. (W)..... (H)..... Fax No. .... Cell No. ....  
 E-mail.....

**I HEREBY CERTIFY THAT I HAVE CHECKED AND COMPLIED WITH ALL THE TOWN PLANNING REQUIREMENTS RELATING TO THIS SITE.**

SIGNATURE..... PROFESSION..... REG. No.....

RECEIVED BY :..... DATE:.....

## CHECKLIST TO BE COMPLETED BY THE APPLICANT

Please complete the schedule below by place a ✓ in the appropriate box prior to submitting your application.

DOCUMENTS REQUIRED	YES	NO	N/A	FLOOR PLANS, SECTIONS & ELEVATIONS	YES	NO	N/A
Two copies of the plan ( <b>one colour</b> )				Proposed Building Work Coloured			
Title Deed				All Areas Designated			
SG Diagram/GP Plan				Section Lines			
Consent from Registered Owner				All Work Dimensioned			
Consent from Body Corporate or Home Owners Association							
Latest approved building plan							
Relaxation required (motivation included)							
<b>SITE PLAN CHECK</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>SPACE ABOUT BUILDINGS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Site Plan				Building Lines			
North Point				Side Spaces			
Corner Beacon Levels				Rear Space			
Site Dimensions (as per SG Diagram)							
Position & Names of Street Frontages				<b>CRITERIA FOR RELAXATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Cadastral (Erf) Description				Siting of existing buildings			
Servitudes (as per SG Diagram)				Shape of site			
Subdivision Registered				Size or levels of the Erf			
Existing Buildings shown							
Driveway & Street Access Point				<b>SCHEDULE OF AREAS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Dimensions for Existing & New Work				Site Area (Nett)			
	<b>YES</b>	<b>NO</b>	<b>N/A</b>	Existing Floor Area			
Was previous Town Planning authority required?				Proposed Floor Area			
If yes, is the relevant decision notice attached?				Total Floor Area			
Is the proposal affected by D'MOSS?				Floor area in hand			
Is site Notarially Tied?				Existing Coverage			
If yes, provide proof of registration				Proposed Coverage			
	<b>YES</b>	<b>NO</b>	<b>N/A</b>	Total Coverage			
Height of All Structures				Coverage in hand			
				Existing No. of parking bays			
				Parking ratio i.t.o. Scheme			
				Proposed No. of parking bays			
				Total No. of parking bays			

We, ..... (owner) and .....(Author)  
(Registration Number:.....) of the plan accepts full responsibility for the information indicated on the plan.

**NB: Should the information provided herein be incorrect, the department reserves the right to revoke this authority.**

Signed this ..... of ..... 20..... at .....

Owner ..... Author: .....

### **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

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**OUTER WEST:** +27 31 311 2763 / Fax 031 765 5389 / e-mail: zanele.luthuli2@durban.gov.za

### **SUBMISSIONS PROCEDURE**

- Your application is to be submitted to the Land Use Management Branch, in the region applicable.
- Your application will initially be checked for submission requirements and a fee could be required to be paid in accordance with the Schedule of Tariffs set annually on 01 July.