



EMAKHAZENI LOCAL MUNICIPALITY

BUILDING PLAN APPLICATION

A. Particulars Of Owner

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Owner's name : _____

Postal Address : _____

Tel. No. : _____

B. Building Contractor

Name : _____

Postal Address : _____

Tel. No. : _____

C. Electrical Contractor

Name : _____

Postal Address : _____

Tel. No. : _____

D. Architect

Name : -----

Postal Address : -----

Tel. No. : -----

E. Plumber

Name : -----

Postal Address : -----

Tel. No. : -----

F. Engineer

Name : -----

Postal Address : -----

Tel. No. : -----

G. Particulars of Building

Stand No. : -----
Town : -----
Type of Building : -----
Size of Building : -----
Estimated Costs : -----
Completion Date : -----
Amount of Toilets : -----

H. Additional Information

OWNER'S SIGNATURE

DATE

**FOR OFFICIAL USE ONLY
COMMENTS & SUGGESTIONS - BUILDING PLANS**

A. Building Inspector

Zoning : _____

Town Planning Scheme : _____

Building Lines : _____

Approval : _____

Other : _____

B. Health

Plan : _____

Requirements : _____

Other : _____

C. Public Works

Plan : _____

Water : _____

Sewerage : _____

Entrance : _____

D. Fire Prevention

Plan : _____

Requirements : _____

E. Electricity Department

Plan : _____

Availability : _____

Requirements : _____

F. Treasury

Rates and Taxes : _____

Administration Costs	:	R 209-00
R 2-42 p/m ²	:	R _____
Amount Due	:	R _____
Date Paid	:	_____
Receipt Number	:	_____
Branch Paid	:	_____