

**USE BLACK INK
TO FILL IN FORM
AND TO SIGN PLANS**

NELSON MANDELA BAY MUNICIPALITY

**AFRIKAANS OP
KEERSY**

SUBMISSION OF A BUILDING PLAN

National Building Regulations Nos. A2 & A5
National Building Regulations and Building Standards Act, 1977, Section No. 4

No plans will be accepted unless this form is filled in completely where and as applicable.
No plans will be accepted unless the building fee where due is paid at the time the plans are deposited.
No plans will be accepted unless signed by the owner in black ink and unless the name and address of the person who prepared them are clearly shown on the plans. In the case of a registered architect, land surveyor or professional engineer, his/her profession and registration number (if any) must also be shown.

TO: NELSON MANDELA BAY MUNICIPALITY

I, the undersigned, hereby apply to carry out certain works set forth in the plans sent herewith and the following schedule, and I undertake to execute the same in strict accordance with the National Building Regulations made under the National Building Regulations and Building Standards Act, 1977 and the retained Regulations made under the Cape Municipal Ordinance No. 20 of 1974.

SCHEDULE RELATIVE TO BUILDING REGULATIONS Plan no.:

Road upon which building fronts:
Foundations — materials:
Walls — materials:
Damp course — material:
Ventilation — window space of each room:
Roofs covered with:
Stairs - composed of:

WRITE ERF NO. AND VALUE (COMMENCE IN RIGHTMOST BLOCK)

TYPE	A/A	ERF No.	SUB	VALUE (R)	0
15	18	20	25	29	37
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			0 0 0 0		0

TO BE COMPLETED IN BLOCK LETTERS: COMMENCE WRITING IN LEFTMOST BLOCK

OWNER'S TEL.:
WORK
HOME

DESIGNER'S TEL.:
WORK
HOME

38	DESCRIPTION OF WORK	
<input type="text"/>		
15	OWNER'S NAME	
<input type="text"/>		
43	ADDRESS OF PROPOSED BUILDING	
<input type="text"/>		
15	DESIGNER'S NAME	SACAP NUMBER
<input type="text"/>		<input type="text"/>
43	DESIGNER'S ADDRESS	
<input type="text"/>		
AGE OF BUILDING	<input type="text"/>	YEARS
15	APPLICANT'S NAME	
<input type="text"/>		
43	APPLICANT'S ADDRESS	
<input type="text"/>		

15	FEE PAID	RECEIPT NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>
BATH	GARAGES	AREA (m ²) excl. carports
15	18	21
<input type="text"/>	<input type="text"/>	<input type="text"/>

VALUE OF BUILDING	
m ² x R	=
m ² x R	=
m ² x R	=
Estimated cost	
TOTAL VALUE =	

..... 20
SIGNATURE OF OWNER