

# APPLICATION FOR APROVAL OF BUILDING PLANS

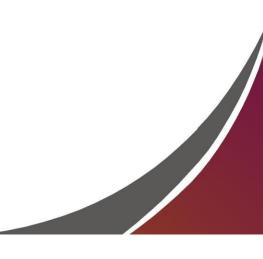
## National Building Regulations and Building Standard Act No. 103 of 1977 as amended.

I, the undersigned, submit herewith for consideration, plans depicting certain building work which I desire to execute on the under-mentioned site. I undertake to execute this work strictly in accordance with the Building Plans as shall be approved and in accordance with the relevant building regulations and building standards and any other legislation that may apply.

Erf / Farm No:	Location	 	
Description of proposed building	ng:		
Name of Registered Owner:			
Postal Address of Owner:			
Code:			
Telephone No. of Owner:			

813 Main Street, Mount Frere P/Bag 9020, Mt Frere, 5090 T. 039 255 0166| F. 039 255 0167 E. ntonga.sandi@umzimvubumun.org.za | www.umzimvubu.gov.za





## COVERAGE: [THIS SECTION MUST BE COMPLETED]

EXISTING BUILDINGS	M²	PROPOSED BUILDINGS	M²
Main Building		Main Building	
Outbuilding		Outbuilding	
Other [Specify]		Other [Specify]	
To be Demolished		Additions	
Total		Total	

## TOTAL COVERAGE [INCLUDING PROPOSED BUILDINGS]:

	M²	% Erf Size
ARCHITECTS/DRAUGHTSPERSON		
Name:		SACAP Reg. No:
Address:		
Telephone:	Fax No	
Signature:	_Date:	

## PLEASE NOTE THAT THE FOLLOWING COLOURS MUST BE USED ON BUILDING PLANS SUBMITTED FOR APPROVAL

MATERIAL	COLOUR
New Masonry	Red
New Iron or Steel	Blue
New Concrete	Green
New Wood	Yellow
Proposed Work	Red
Existing Work	Green
To be Demolished	Black Dotted Line
SITE PLAN	

NB:

[A] COMPLETED AND PROPER WORKING DRAWINGS OF THE PROPOSED WORKS IN DUPLICATE [TWO PAPER UNITS] MUST BE SUBMITTED WITH THIS APPLICATION

[B] PLANS TO BE DRAWN IN ACCORDANCE WITH THE REQUIREMENTS OF THE NATIONAL BUILDING REGULATIONS

[C] COPY OF TITLE DEED OF THE PROPERTY SHOULD ACCOMPANY APPLICATION

FOR OFFICE USE

ERF/FARM NO \_\_\_\_\_\_ BUILDING PLAN NO \_\_\_\_\_\_ 20 \_\_\_\_\_

#### PLAN APPROVAL FEES

Building Plan Fees	R	
VAT	R	
TOTAL	R	

DATE OF SUBMISSION TO ULM	
DATE OF RETURN	
DATE OF APPROVAL	
DATE RECORDED IN REGISTER	
DATE SUBMITTED FOR VALUATION	

## Deposit (50% of the total approval fees):

<b>RECEIPT NO:</b>	DATE PAID:

Revenue Clerk:

Signature

Date

Balance:

Revenue Clerk:

SIGNATURE:	DATE:

## PLAN SUBMISSIONCHECKLIST

This checklist has been created to assist with the preparation of drawings for submission to the Local Authority and compliance with the National Building Regulations and Building Standard Act,(Act 103 of 1977).

### **GENERAL:**

DESCRIPTION	YES.	NO.
1. APPLICATION FORMS COMPLETED IN BLACK INK		
2. APPLICATION FORMS SIGNED BY OWNER/ BODY CORPORATE		
3. PLANS SIGNED BY OWNER IN BLACK INK		
4. COPY OF TITTLE DEED- (NEW BUILDINGS ONLY)		
5. FOUR (4) COPIES OF PLANS PROVIDED:		
-NEW BUILDINGS/OUT BUILDINGS-UNCOLOURED(DRAINAGE ONLY)		
- ADDITIONS & ALTERATIONS – 1 COPY FULL COLOURED		
6. PLAN COPIES CLEAR (BLACK INK ON WHITE PAPER)		
7. LETTERING & FIGURED DIMENSIONS CLEAR (2mm MINIM. IN UPPER CASE		
8. FULL DESCRIPTION OF PROPOSAL PROVIDED		
9. PROPERTY DESCRIPTION CORRECT		
10.SCHEDULE OF AREAS PROVIDED:		
AREA OF SITE:		
AREA OF EXISTING BUILDING:		
PROPOSED FLOOR AREA:		
TOTAL FLOOR AREA:		
COVERAGE%:		
11. ALL SCALES SHOWN CORRECTLY		
12. 100mm CLEARSTRIP ON RIGHT HAND SIDE FOR STAMPS/ ENDOSMENT		
13. ENGINEE'S APPOINTMENT FORM COMPLETED & SIDNED (WHEN		
APPLICABLE)		
14. ELECTRICAL LAYOUT & LEGEND PROVIDED		
15. FIRE PLAN PROVIDED		
16. AMENDED PLANS: APPROVED PLAN No. PROVIDED		
17. HAS THE SANS10400 PART 'A' APPLICATION FORM BEEN COMPLETED		
CORRECTLY & SIGNED BY THE PROFESSIONAL AND OWNER		
18. CHECK FOR ORIGINAL POWER OF ATTORNEY FORMS IF APPLICABLE.		
19. SACAP REGISTRATION & ARCHITECTURAL COMPLIANCE CERTIFICATE		

#### **SITE PLAN:**

DESCRIPTION	YES.	NO.
1. PROPOSED/ EXISTING BUILDING INDICATED CLEARLY		
2. ALL BOUNDARY DIMENSIONS CORRECTLY SHOWN		
3. NORTH POINT SHOWN CORRECTLY		
4. NAME/ NAMES OF STREET FRONTAGES PROVIDED ?		
5. REGISTERD ERF No. SHOWN		
6. BUILDING LINES, SIDE/ REAR SPACESSHOWN AND DIMENSIONED		
7. SETTING OUT DIMENSIONS SHOWN ?		
8. BUILDING TO BE DEMOLISHED SHOWN IN BROKEN LINES		
9. EXISTING BANKS, STEPS, PATHS, WALLS, DRIVEWAYS ETC SHOWN		
10. PROPOSED / EXISTING SEWER LAYOUT SHOWN		
11. PROPOSED / EXISTING TERMINAL MANHOLE SHOWN		
12. PROPOSED STROM WATER LAYOUT SHOWN		
13. EXISTING MUNICIPAL SERVICES SHOWN		
14. PROPOSED SERVIDES. RIGHT OF WAYS SHOWN		
15. POSITION OF TREES, ELECTRIC LIGHT/TELEPHONE POLES, HYDRATES,		
ETC RELATE TO PROPASAL SHOWN ?		

#### **FLOOR PLANS:**

DESCRIPTION	YES.	NO.
1. ALL ROOMS / FLOORS DESINATED AND STOREYS NUMBERD		
2. ALL AREAS (ROOMS, PASSAGES ETC) FULLY DIMENSIONED		
3. WALL THICKNESS SHOWN		
4. STAIRS DIMENSIONED – WIDTH, TREADS, ETC		

5. ALL SANITARY FIXTURES SHOWN		
6. OVERALL BUILDING DIMENSIONS PROVIDED		_
		_
7. SECTION LINES CORRECTLY SHOWN	<u> </u>	
8. SCALES SHOWN		
9. PROPOSED / EXISTING WORK CLEARLY SHOWN		
10. PROPOSED / EXISTING SEWER & STORM WATER DRAINAGE SHOWN ?		
11. CROSS VENTILATION / LIGHTING TO ALL ROOMS PROVIDED		
12. GARAGE: FIREWALL / SELF CLOSING FIRE DOOR / FLOOR STEPPED DOWN		
13. FIRE FIGHTING EQUIPMENT SHOWN		
14. FACILITIES FOR DISABLED PERSONS PROVIDED		

#### **SECTIONS:**

DESCRIPTION	YES.	NO.
1. SECTION SHOWN CORRECTLY		
2. FOUNDATION SIZES SHOWN / DIMENSIONED		
3. FLOOR CONSTRUCTION DETAILS PROVIDED		
4. DPC SHOWN BELOW WINDOW CILLS		
5. WALL THICKNESS SHOWN ?		
6. FLOOR TO CEILLING HEIGHTS SHOWN		
7. ALL ROOMS DESINATED ?		
8. STAIRS DIMENSIONED- HEIGHT OF BALUSTRADES, RISERS, HEADROOMS		
ETC		
9. PC LINTELS SHOWN OVER OPENINGS		
10. ROOF CONSTRUCTION DETAILS PROVIDED		
11. HEIGHT OF ROOF TRUSSES & ROOF PITCH SHOWN		
12. FLASHING SHOWN ?		
13. VERTICAL DPC (INTERNAL RETAINING WALLS) SHOWN ?		
14. NGL/ FGL CORRECTLY INDICATED		
15. FULL SEWER SECTION PROVIDED- (LEVELS GRADIENT, PIPES ETC) ?		

#### **ELEVATIONS**

DESCRIPTION	YES.	NO.
1. ALL RELEVANT ELEVATIONS SHOWN		
2. ELEVATIONS RELATE TO NORTH POINT		
3. ELEVATIONS CORRESPOND TO FLOOR PLAN		
4. FINISHES TO ELEVATIONS SHOWN		
5. OPENABLE WINDOW SECTIONS SHOWN CLEARLY		
6. ROOF FINISH INDICATED		
7. RAINWATER PIPES SHOWN ON ELEVATION (WHEN APPLICABLE)		
8. ALL PLUMBING & SANITARY FIXTURES SHOWN ON ELEVATIONS		
9. HEIGHTS OF BALUSTRADES SHOWN		
10. SAFETY GLASS INDICATED (WHERE APPLICABLE)		
11. NGL / FGL CORRECTLY INDICATED		
12. HEIGHTS OF SCREEN WALLS SHOWN		

#### **MISCILLANEOUS:**

- PERMISSION OBTAINED PRIOR TO DEMOLITION OF BUILDING
   BOUNDARY WALLS / RETAINING WALLS / PC FENCING

DESCRIPTION	YES.	NO.
1. PLANS, SECTIONS, ELEVATIONS & SITE PLAN PROVIDED		
2. STRCTURAL ENGINEER'S APPOINTMENT REQUIRED FOR:		
RETAINING WALLS OVER 1.5 m HIGH		
PRECAST CONCRETE WALLS OVER 2m HIGH		
FREESTADING BRICK / WALLS OVER 2.6 m HIGH		

#### **SWIMMING POOLS:0**

DESCRIPTION	YES.	NO.
1. PLANS, SECTIONS, & SITE PLAN PROVIDED		
2. STRUCTURAL ENGINEERS APPOINTMENT REQUIRED		
3. PUMP & FILTER POSITION PROVIDED		
4. SAFTEY FENCING & SELF CLOSING GATE PROVIDED		

#### **APPROVED / NOT APPROVED**

#### COMMENTS

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#### PLAN APPROVAL PROCESS

Building Control / Inspector:	
Use the checklist on the following page:	Remarks:
ose the checking on the johowing page.	nemarks.
	Signature:
	Date:
Electrician:	
Electrical Schedule shown:	Remarks:
Point of Installation:	
	Signature:
	Date:
Town Planning:	
Zoning / Land use	Remarks:
Site coverage	

Existing and proposed buildings	
Height / No. of floors	
Entrance / access	
Parking	
Conditions of older rezoning / subd.	
Approvals	
Title restrictions	
Building lines	
Elevations (Front)	
	Signature:
	Date:
Environmental Health:	
Ventilation	
Materials	
Foundation	
Damp proof / ant guard	
Walls	
Rooms	Signature:
Ceiling	Date:
Water and Sanitation	
Roofing material	Remarks:
Drainage	

Sewer connection				
	Signature:			
	Date:			
Fire Dept. / Disaster				
		Prove de		
Party & fire wall	Extinguishers & hose reels	Remarks:		
Attached carports	Fixed installations			
Ceiling materials	Availability of water			
Clues (other than brick)	Fire alarms			
Means of escape	Notices			
Doors opening outwards	Hazardous storage	Signature:		
Smoke stopping	Emergency lighting	Date:		

## NOTIFICATION OF APPROVAL OF BUILDING PLANS

Building plan No:20		
Erf / Farm No	Location	
Description of Proposed Building:		
Name of Registered Owner:		
Postal Address of Owner:		
		Code:
Telephone No. of Owner:		

The aboveBuilding Plan/s are approved by the by the building plans sub-committee and Umzimvubu Municipality, subject to the following conditions:

# NB 1. NO BUILDING MATERIALS WHATSOEVER ARE TO BE STORED ON THE PAVEMENT. ALL BRICKS, SAND, CEMENT ETC. ARE TO BE STORED ON SITE OF THE PROPERTY.

2. The National Building Regulations and Building Standard Act is to be complied at all times during construction work.

3. The terms and conditions of the Land Use Management Systems of Umzimvubu municipality are to be complied with.

4. Water, sewerage and electrical installation is as per council's specifications and standards.

5. No storm water discharge into any waste water sewer.

6. Adequate toilet facilities are to be provided during building operation.

7. New dwelling/building will not be occupied until an occupational certificate has been applied for and issued by Umzimvubu Municipality

8. The owner or a person authorized acting on behalf of the land owner is expected to inform the bulder to invite the Municipality for inspection and ultimately certification in each completed stage as listed.

- Foundation
- Slab
- Window Cill
- Wall Plate
- Roof Covering
- finishing

Please take a serious note: The approval of Building plans lapses after one year if construction has not started.

FAILURE TO COMPLY WITH ANY OR ALL OF THE ABOVE CONDITIONS WILL RESULT IN WITHDRAWAL OF THE APPROVED BUILDING PLANS AND COULD RESULT IN LEGAL ACTION BEING TAKEN AGAINST YOU.

G. P. T. NOTA

**MUNICIPAL MANAGER** 

I have read and understood the conditions given above.

Signature of Applicant

Date

Date

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the Building Inspectors telephonically on Tel. No: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:
To: The Building Inspector	Erf No:
Umzimvubu Municipality	Street / Locality
I hereby give you notice that the FOUNDATION will be ready for inspection on	Date
	Building Insp. Name
(Date)	signed
Signature of Builder:	

## Comments of the Building

Inspector:\_\_\_\_\_

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the building Inspectors telephonically on Tel: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:
To: The Building Inspector	Erf No:
Umzimvubu Municipality	Street / Locality
I hereby give you notice that the PREPARED FLOOR (BASE) for SLAB (before casting concrete) will be ready	Date
for inspection on	Building Insp. Name
(Date)	
Signature of Builder:	

-		

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the building Inspectors telephonically on Tel: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:	
To: The Building Inspector	Erf No:	
Umzimvubu Municipality	Street / Locality	
I hereby give you notice that the building is at WINDOW HEIGHT and will be ready for inspection on	Date	
	Building Insp. Name	
(Date)		
Signature of Builder:		

Comments of the Building

Inspector:\_\_

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the building Inspectors telephonically on Tel: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:
To: The Building Inspector	Erf No:
Umzimvubu Municipality	Street / Locality
I hereby give you notice that the building is at WALL PLATE LEVEL and will be ready for inspection on	Date
	Building Insp. Name
(Date)	
Signature of Builder:	

Comments of the Building
Inspector:

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the building Inspectors telephonically on Tel: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:
To: The Building Inspector	Erf No:
Umzimvubu Municipality	Street / Locality
I hereby give you notice that the building will be ready for ROOF LEVEL inspection on	Date
	Building Insp. Name
(Date)	
Signature of Builder:	

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Comments of the Building Inspector:\_\_\_\_\_

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the building Inspectors telephonically on Tel: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:
To: The Building Inspector	Erf No:
Umzimvubu Municipality	Street / Locality
I hereby give you notice that the building will be ready for FINAL inspection on	Date
	Building Insp. Name
(Date)	
Signature of Builder:	

Comments of the Building

Inspector:\_\_\_\_\_

Please bring this notice slip to the Building Inspector in Mt. Frere or Mt. Ayliff Municipal Offices. You can inform the building Inspectors telephonically on Tel: 039 255 8500 (Mount Frere) or 039 254 6000 (Mount Ayliff). Give notice at least three working days in advance.

NOTICE NO. 1	Building Plan No:	
To: The Building Inspector	Erf No:	
Umzimvubu Municipality	Street / Locality	
I hereby give you notice that the building is complete and compliant with ALL building regulations and	Date	
standards and therefore request for an OCCUPANCY CERTIFICATE.	Building Insp. Name	
(Date)		
Signature of Builder:		

Comments of the Building Inspector:\_\_\_\_\_

# LETTER OF CONSENT

I, Mr. /	Mrs		registered owner of	Erf	
(Stree	t address)		_ID No	Contact No	0
do her	eby grant my consent to Mr.	/Mrs	of Erf	_	
(Stree	t address)				
FILL IN	N / DELETE WHERE APPLI	CABLE			
A	To erect a building/structur the property boundary, as i		-		of <u> </u>
В	To erect a Second Dwelling scrutinized by me.	g Unit on the abo	ove – mentioned Erl	i as indicated on th	he building plan
С	To erect a double story bui	lding/structure a	s indicated on the b	uilding plan scruti	nized by me.
	rstand that if the structure is such building will be allowe			•	
FULL	NAME: (PLEASE PRINT)				
SIGNA	ATURE:				
DATE:					
COMM	IENTS, IF ANY:				

In pursuance thereof, I am required obtain your consent as you are an affected property owner. Should you object to the proposed application, kindly convey your objections in writing to Municipal Manager Private Bag 9020, Mount Frere 5090, within 21 days of the date of this letter.