



P. O. Box 20, Zastron, 9950 Tel: 051 673 9600 Fax: 051 673 1550 E-mail info@mohokare.gov.za

www.mohokare.gov.za

Mohokare Local Municipality Planning and development: Town Planning

Abridged application form

Applications for land use amendments (give full details in the attached motivation report, if space provided is not enough)

SECTION 1				
	Details of Applicant(See Plannin	g Profession Act, A	Act 36 of 2002)	
		Contact		
Name:		person:		
Postal		Physical		
address:		address:		
	Code:			
Tel no:		Cell no:		
		E-mail		
Fax no:		address:		
SACPLAN				
Reg No:				
		10110		
	<u>SECT</u> Details of Land Owner(l		licant)	
			,	
		Contact		
Name:		person:		
Postal		Physical		
address:		address:		
	Code:			
Tel no:		Cell no:		
Fax no:		E-mail		
Γαχ IIU.		address:		

If the applicant is not the registered owner(s), attach a power of attorney from the registered owner(s) to the application. This also applies if the person applying is still busy obtaining the land parcel and if the land parcel is owned by a company or more than one person

SECTION 3 Details of Property(In accordance with Title deed)

Erf/ Farm No and portion description:	Area (m² or ha):
Physical address of erf/farm:	Existing zoning:
Location from nearest town:	Existing land use:
Town/suburb:	Area applicable to application:
Registration Division:	Title deed no:

SECTION 4

Type of Application being Submitted (Mark with an X and give detail)

Application for: (Please mark applicable block with a cross)

Please give a short description of the scope of the project:					
Application for the extension of the approval period of an application before the lapsing thereof.					
The consolidation of any land portion.					
The permanent closure of a municipal road (public road) or a public open place.					
The amendment of cancellation of a general plan of a township.					
Application for subdivision requiring abridged processes.					
Application for Subdivision in accordance with the LUS					
Application for Consent Use, including Occupational Practice, excluding Temporary Housing.					
Temporary departure to allow the use of a building or land for a period of at most five years, for a purpose for which no specific zone has been provided for in these regulations					
The removal, amendment or suspension of a restrictive condition, servitude or reservation registered against the title of land which is necessary in order to allow for an application for rezoning and subdivision by the Responsible Authority.					





P. O. Box 20, Zastron, 9950 Tel: 051 673 9600 Fax: 051 673 1550

E-mail info@mohokare.gov.za

www.mohokare.gov.za

SECTION 5 Detail of application(Mark with an X and give detail where applicable)

Is the property subjected to a bond?	YES	NO	If answered YES, attach the bondholder's consent to the application:	
Has any application on the property previously been considered?	YES	NO	If answered YES, when and provide particulars, including type of application, all authority reference numbers and decisions:	
Does the proposal apply to the entire land parcel?	YES	NO	If answered NO, indicate the size of the portion of the land parcel concerned, as well as what it will be used for, including the remaining extend:	
Are there any restrictions, such as servitudes, rights, bonds, etc. with regard to the land parcel in terms of the deed of transfer that should be removed, as it might have an influence on this application?	YES	NO	If answered YES, please provide detail description:	
Are there any physical restrictions (e.g. steep inclines, unstable land formations, marshes, etc.) that might influence the intended development?	YES	NO	If answered YES, name full particulars and state how the problem will be solved and submit detail layout plan:	
Is any portion of the land parcel in a flood plain of a river beneath the 1:50/1:100 year flood-line, or subject to any flooding?	YES	NO	If answered YES, please provide detail description:	
Is any other approval that falls outside of this Act, necessary for the implementing of the intended	YES	NO	If answered YES, please provide detail description:	

development?			
	Water supp	oly:	
What arrangements will be made	Electricity s	supply:	
regarding the following services for the development? (where	Sewerage a		
applicable)	Storm-Wate	er	
	Road Netw	ork	

SECTION 6
List of Attachments and supporting information required/ submitted with checklist for Municipal use(Mark with an X/ number annexure)

Checl	klist (fo	Checklist (for the use of Responsible Authority only)					
YES NO ANNEXUI		IO ANNEXURE DOCUMENT ATTACHED			NO	N/A	
			Completed Abridged Application form			+	
			Board of Directors' / Trustees' resolution / consent				
			Power of Attorney				
			Certified copy of Title Deed(s)				
			Orientating Locality Map				
			Basic Layout Map				
			Bondholder's consent				
			Home Owners' Association consent / stamp of approval Special endorsement/proxy				
			Registered servitudes (deed and map/plan)				
			Surveyor general diagrams (cadastral information)				
			Eskom services report				
			Status report from Surveyor General – street closure or state owned land				
			Flood line certificate / coastal setback report - certificate from relevant Department				
			Subdivision of Agricultural land - permission from relevant Department Agriculture	/ant			
			List of sections in Title Deed conditions to be removed /amended				
			Other (specify):				
			Seven (7) sets of full colour documentation copies				





P. O. Box 20, Zastron, 9950 Tel: 051 673 9600 Fax: 051 673 1550

E-mail info@mohokare.gov.za

www.mohokare.gov.za

SECTION 7
Declaration

Note:	If application is made by a person other than the owner, a Power of Attorney is compulsory. If the property is owned by more than one person, the signature of each owner is compulsory. Where the property is owned by a company, trust, or other juristic person, a certified copy of the Board of Directors/Trustees' resolution is compulsory									
I hereby certify the information supplied in this application form to be complete and correct and that I am properly authorized to make this application.										
Applicant's/ Owner's Signature:			Date:							
Full name (print):										
Professional capacity:										
Applicant's ref:			<u> </u>							

SECTION 8
Prescribed Notice and advertisement procedures (for the completion and use of Responsible **Authority only)**

Checklis	Checklist for required advertisement procedure			r requ	ired proof of advertisement
YES	NO	DOCUMENTATION AND STEPS TO BE TAKEN	YES	NO	DOCUMENTATION TO BE PROVIDED AS PROOF
		Notice to be placed in the Local Newspaper			Proof of Notice in Local Newspaper Note: The original newspaper advertisement or full colour copy, indicating page number and date.
		Notice to be placed in the Provincial Gazette (for 2 consecutive weeks)			Proof of Notice in the Provincial Gazette Note: The original newspaper advertisement or full colour copy, indicating page number and date.
		Notices to neighbours Note: The map indicating the neighbouring erven and list of neighbours will be provided. If the applicant chooses to			Proof of Notice to neighbours Note: Option 1: The signed notices of all surrounding neighbours, as identified by the Responsible Authority, must be

deliver the notices per hand (Option 1), two copies of the notice must be provided on or before the date of the notice to each neighbour. One copy of the notice must be signed by the respective party (neighbour) to be handed back to the Responsible Authority. Alternatively (Option 2), the notices can be sent via registered post.	provided. Note: Option 2: The proof of the registered mail must be provided to the Responsible Authority
Notice to be placed on the site Note: The notice provided must be placed on the site in a laminated A3 format (two language formats separate on A3) on or before the date of the notice.	Proof of Notice in site Two colour photos of the notice on site must be provided of which one is close up and the other one is taken from a distance in order to see the placing on the site itself.
Public Meeting Note: The holding of a public meeting in order to inform the general public of the application. Any Additional components	Proof of Public Meeting The applicant must provide proof of the agenda, the attendance register and minutes of the meeting to the Responsible Authority. Proof of additional
	components





P. O. Box 20, Zastron, 9950 Tel: 051 673 9600 Fax: 051 673 1550

E-mail info@mohokare.gov.za

www.mohokare.gov.za

SECTION Power of Attorne						
I/We, the undersigned						
(FULL NAMES, ID NO & PROFESSIONAL REGISTRATIO	ON NUMBER IF APPLICABLE)					
Nominate, constitute and hereby appoint						
(FULL NAMES AND ID NO, AS WELL AS NAME OF FIRE With the power of substitution to be my lawful agent in my in my stead, pertaining to the application(s) for						
(FULL DETAILS OF THE APPLICATION LODGED) with regards to(DESCRIPTION OF PROPERTY)						
and in general to realize the proposed goals and whatever complete and efficient as I/we would have done if I/we we I/we ratify, allow and confirm herewith, and promise to ratin agent does lawfully within this matter.	re personally representing this matter.					
SIGNED at on this day (TOWN)	of20 (MONTH) (YEAR)					
In the presence of the undersigned witnesses						
Signature of Assigner/ Land Owner	Witness 1					

` Witness 2