## SPLUMA CHECKLIST FOR COMPLETE APPLICATION

LOCAL MUNICIPALITY:				
TOWN:				
PROPERTY DESCRIPTION:				
TYPE OF APPLICATION	Received as:	Category 1	Category 2	
Correct / Incorrect	Recommends:	Category 1	Category 2	
1. Application Form	ricoonnicitas.	outegory i	Outegory 2	
2. Power of Attorney / Proof of Authorisation (Company, Trust, Body Corp.)				
3. Complete Motivation (Section 40 and 71 of By-Law):				
Background Information:				
<ul> <li>Application and category of SPLUMA application (Section 16 of By-Law)</li> </ul>				
<ul> <li>Purpose of application</li> <li>Local Municipality, Property Description and Size</li> </ul>				
<ul> <li>Locality and surrounding Land Uses</li> </ul>				
<ul> <li>Existing and/or proposed Land Use and/or Zoning</li> </ul>				
Need and Desirability				
Public Interest				
<ul> <li>Orderly Planning</li> <li>Incorporation and reference to specialised reports, maps and site development plan, zoning and</li> </ul>				
<ul> <li>Incorporation and reference to specialised reports, maps and site development plan, zoning and development requirements according to LUS or TPS</li> </ul>				
<ul> <li>Extract of SDF</li> </ul>				
SPLUMA Principles				
Conclusion				
Signature of Applicant				
4. Bondholder's Consent				
5. Proof of Application Fees				
6. Title Deed (Conditions that should be removed)				
7. Minutes of Pre-application Consultation (if applicable)				
8. Plans and Maps (By-Law: Sections 6, 39 and 40)				
Comprehensive if applicable Abridged if applicable				
Orientating Locality Map			Orientating Locality Map	
Detailed Layout Plan with contours, flood line and			Site Development Plan Extract of SDF (if not in Motivation)	
signed by Specialist) Extract of SDF (if not in motivation)			Land Use Scheme Zoning Map Extract	
Land Use Scheme Zoning Map			Orto-rectified imagery (Aerial Photo)	
Land Use Map			Lease area diagram	
Site Development Plan				
Orto-rectified imagery (Aerial Photo) 9. Other Reports if applicable (signed and dated):				
			Detail Engineering Services Report Flood Line Certification	
Heritage Impact Assessment SA Civil Aviation Authorisation (Telecommunica Mast)				unication
Traffic Impact Assessment/Study		Geotechnical Re	eport	
Radiation Frequency Report by a qualified person (To be approved by the Independent				
Communications Authority of South Africa (ICASA))				

Advertisement only after confirmation that application is complete and <u>proof of payment</u> is submitted

Referral to Sector Department for comments after confirmation of completeness, unless their comments are required for the layout plan