

**MOSSEL BAY MUNICIPALITY****APPLICATION IN TERMS OF SECTION 12 OF ACT 103 OF 1977 (as amended)**

BUILDING CONTROL:

DEMOLITION APPLICATION

Tel: 044 606 5073

www.mosselbay.gov.za/resource-category/building-control

**PROPERTY INFORMATION:**

Erf no:

Suburb:

Street Address:

**REGISTERED OWNER:**

Name:

ID:

Postal address:

Code:

Contact person:

Tel/Cell:

Email:

Alternative Email:

The Mossel Bay Municipality corresponds by email (default). If you would like an alternative means of communication, please indicate this.

Owner:

Company

Resolution letter authorising the signatory

Registrar of Companies

Trust

Resolution letter authorising the signatory

Letter of authority from the Master of the Supreme Court

Body Corp

Resolution letter authorising the signatory

**PROPOSED DEMOLITION:**

Purpose of demolition:

Structures: DWELLING / FLAT / GROUP HOUSING / OTHER: \_\_\_\_\_

Number of

Bedrooms:

Construction / Materials:

Livingrooms:

Roofing:

Diningrooms:

Walls:

Bathrooms:

Floors:

Laundry/store:

Ceilings:

Occupancy:

OWNER / TENANT / VACANT

Services to be disconnected:

WATER / SEWER / ELECTRICAL / NONE

Proposed new development:

**ARCHITECTURAL PROFESSIONAL: (if applicable)**

Name:

SACAP no:

Company:

Postal address:

Code:

Email:

Tel/Cell:

Signed:

Date:

**DOCUMENTS REQUIRED:**

Site Plan:	<input type="text"/>	3 Relevant photographs :	<input type="text"/>	Title deed:	<input type="text"/>
Questionnaire:		If yes:			
Is the building older than 60 yrs?	YES / NO	Heritage approval required		<input type="text"/>	
Is the property within a heritage area?	YES / NO	Heritage approval required		<input type="text"/>	
Is the property bonded?	YES / NO	Bank authorisation required		<input type="text"/>	
Is the property insured?	YES / NO	Insurance authorisation required		<input type="text"/>	
Is the property part of an Home Owners Associationg or Body Corporate?	YES / NO	HOA/Body Corp approval required		<input type="text"/>	
Is the structure unsound or could the demolition affect any other buildings?	YES / NO	Engineer's appointment required		<input type="text"/>	

Please note that the municipality reserves the right to ask for any additional documentation, as may be necessary to process this application.

**OWNER'S DECLARATION:**

I certify that the answers on this Application are, to the best of my knowledge, correct.

Authorised representative:

Signed:	<input type="text"/>	Date:	<input type="text"/>
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**Proof of Payment:**

**Vote number:**

**for office use only**

9/910 - 384 - 70010	Ward 1	<input type="text"/>
9/910 - 384 - 70011	Ward 2	<input type="text"/>
9/910 - 384 - 70012	Ward 3	<input type="text"/>
9/910 - 384 - 70013	Ward 4	<input type="text"/>
9/910 - 384 - 70014	Ward 5	<input type="text"/>
9/910 - 384 - 70015	Ward 6	<input type="text"/>
9/910 - 384 - 70016	Ward 7	<input type="text"/>
9/910 - 384 - 70017	Ward 8	<input type="text"/>
9/910 - 384 - 70018	Ward 9	<input type="text"/>
9/910 - 384 - 70019	Ward 10	<input type="text"/>
9/910 - 384 - 70020	Ward 11	<input type="text"/>
9/910 - 384 - 70021	Ward 12	<input type="text"/>
9/910 - 384 - 70022	Ward 13	<input type="text"/>
9/910 - 384 - 70023	Ward 14	<input type="text"/>