BDM 010

CITY OF CAPE TOWN

APPLICATION FOR DEMOLITION IN TERMS OF REGULATION E1 OF THE NATIONAL BUILDING REGULATIONS AND BUILDING STANDARDS ACT NO 103 OF 1977 AND ANY OTHER APPLICABLE LAW

APPLICATION NO:		DATE	

OWNER OF PROPERTY			
SURNAME			
OTHER NAMES			
TELEPHONE (H)		TELEPHONE (B)	
CELL NUMBER		FAX	
POSTAL ADDRESS			
		Postal Code	
SIGNATURE:		DATE:	

I nominate:

to be my lawful representative and to act on my behalf in the submission in terms of Regulation E1 and to do all things lawfully required by the Local Authority to ensure that this application complies with the provision of the National Building Regulations and Building Standards Act No 103 of 1977 and any other applicable law.

APPLICANT / AUTHORISED AGENT			
SURNAME			
OTHER NAMES			
TELEPHONE (h)		TELEPHONE (B)	
CELL NUMBER		FAX	
POSTAL ADDRESS			
		Postal Code	
SIGNATURE:		DATE:	

DESCRIPTION

TYPE OF BUILDING	
YEAR OF ORIGINAL CONSTRUCTION	

LOCALITY			
STREET NUMBER AND BUILDING NAME			
NAME OF STREET			
ERF NUMBER		**SUBURB**	
METHOD OF DEMOLITION:			

Cleared by Heritage Western Cape	YES	NO
Have plans been submitted for building work on site	YES	NO
If Yes, please supply Building Plan or Card No:		
Hoarding Required	YES	NO
Sewer sealed (if required)	YES	NO
Any other services affected? If Yes Specify		
Is Water turned off	YES	NO
Is Electricity switched off	YES	NO
OBJECTIONS:		