Rig alle korrespondensie aan:
Die Munisipale Bestuurder

Address all correspondence to:
The Municipal Manager

CEDERBERG
MUNISIPALITEIT | MUNICIPALITY | uMASIPALA

Private Bage / Privaatsak X2
Clanwilliam
8135
Tel: (027) 482 8000
Fax/Faks: (027) 482 1933
E-mail/Epos:
admin@cederbergraad.co.za
www.cederbergmun.gov.za

DECLARATION BY AFFECTED PARTY(IES) / PROPERTY OWNER(S)

Dear Sir / Madam

This letter serves to notify potentially affected parties of the application set out hereunder.

APPLICATION DETAILS						
Erf / Erven / Farm No.				Area		
Applicant / consultant				Contact No.		
Application type in terms of applicable planning legislation.		Regulation departure		SDP amendment		Amendment of conditions
		Consent Use / Special Development		Other *(please specify)*		
Detailed description of application						

Note to applicant:
Should the affected party / property owner not be prepared to sign this letter of no objection, you are advised to submit the application without their agreement so that Council can formally advertise the matter by post. Please note that in such case, a notice fee is payable.

DECLARATION BY AFFECTED PARTY(IES) / PROPERTY OWNER(S)						
Note : ***Please ensure the Plan specified below corresponds with the plan shown to and signed by you***. Don't sign this form if the application detail section above is not properly completed. If signing on behalf of a company / trust, please attach written proof of authorisation to do so. If affected premises owned by more than one person (ie both husband and wife), all parties to sign. I / We, registered owner(s) of the under-mentioned premises, having been shown the subdivision / layout plan / building plans / proposal in respect of the aforementioned application and having signed, confirm that I / we understand the proposal as set out above and confirm that I / we **(please tick)**						
	have **no objection.**		**object** for the reasons listed hereunder			
	wish the application to be formally advertised by Council.					
Reasons for objection						
Owner signature			Date			
Full name (capitals)						
Company name						
Erf /Farm No.						
Street address / Postal address						
			Postal code			
Contact No.	Office / Home		Cell			