



Reference: Application for Demolition Form

DEPARTMENT: TOWN PLANNING & BUILDING CONTROL

Directorate: Technical & Planning Services
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**TECHNICAL DEPARTMENT
SECTION: BUILDING CONTROL**

**APPLICATION FOR DEMOLITION IN TERMS OF REGULATION E1 OF THE NATIONAL
BUILDING REGULATIONS AND BUILDING STANDARDS ACT OF 1977(ACT103 OF 1977)
AND ANY OTHER APPLICABLE LAW**

Application Number : _____ Date : ____/____/20____
(For office use)

OWNER OF PROPERTY

Surname : _____

Name(s) : _____

Telephone Number : _____

Cellphone Number : _____

Address : _____

: _____

: _____

Signature : _____ Date : ____/____/20____

I hereby 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 of 1977(Act 103 of 1977) and any other applicable law.

APPLICANT/AUTHORISED AGENT

Surname : _____

Name(s) : _____

Telephone Number : _____

Cellphone Number : _____

Address : _____

: _____

: _____

Signature : _____ Date : ____/____/20____

DESCRIPTION

Type of building : _____

Year of original construction : _____

Rig alle korrespondensie aan die Munisipale Bestuurder / Address all correspondence to the Municipal Manager

Clanwilliam Tel: (027) 482 8000 | **Citrusdal** Tel: (022) 921 2181 | **Lambert's Bay** Tel: (027) 432 1112

Elands Bay Tel: (022) 972 1745 | **Graafwater** Tel: (027) 422 1108 | **Algeria** Tel: (027) 482 2082

LOCALITY OF DEMOLITION WORKS

Address : _____

: _____

: _____

Erf number : _____

Method of Demolition : _____

: _____

: _____

Cleared by Heritage Western Cape : _____

Have plans been submitted for building work on site : _____

If yes, please supply building plan or card number : _____

Hoarding required : _____

Sewer sealed (If required) : _____

Any other services required : _____

If yes, specify : _____

Is water turned off : _____

Is Electricity switched off : _____

OBJECTIONS : _____

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