



**CITY OF CAPE TOWN  
PLANNING AND BUILDING DEVELOPMENT MANAGEMENT  
APPLICATION FOR PERMISSION TO OBTAIN COPIES OF APPROVED PLANS**

I, the undersigned certify that the information provided is, to the best of my knowledge and belief, correct. I understand that the furnishing of any incorrect information will result in penalties being applied

**NOTE:** Although Council endeavours to maintain copies of approved plans, if for any reason plans of a particular property are not available, the onus is on the registered owner to have the as built structures measured and drawn-up.

ERF NO	<input type="text"/>	SUBURB	<input type="text"/>
PROPERTY ADDRESS	<input type="text"/>		

<b>SECTION A</b>			
OWNER	<input type="text"/>	<input type="text"/>	
CORRESPONDENCE ADDRESS	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		
IDENTITY NUMBER	<input type="text"/>		
TEL. NR (H)	<input type="text"/>	<input type="text"/>	(W) <input type="text"/>

<b>SECTION B</b> To be completed by Governmental Departments/students <i>if applicable.</i>			
<b>NOTE:</b> A letter from the relevant authority must accompany this application			
APPLICANT	<input type="text"/>	<input type="text"/>	
TELEPHONE NUMBER	<input type="text"/>	<input type="text"/>	
ADDRESS	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		

<b>SECTION C</b>			
AUTHORISED PERSON	<input type="text"/>	<input type="text"/>	
TELEPHONE NUMBER	<input type="text"/>	<input type="text"/>	
ADDRESS	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		

Where the owner is a Company, Close Corporation or Trust the relevant sections of this form are to be completed by an authorised representative thereof and/or a letter of authority is to be provided. Should the owner be a Body Corporate the relevant sections of this form are to be completed by the Chairperson or Managing Agent and/or a letter of authority is to be provided.

SIGNATURE: \_\_\_\_\_  
*Registered owner*

	<b>FOR OFFICE USE</b>	
DOCUMENT/S SUPPLIED BY APPLICANT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CHECKED BY: <input type="text"/>	DATE	<input type="text"/>
THIS CITY WORKS FOR YOU    ESI SIXEKO SISEBENZELA WENA    HIERDIE STAD WERK VIR JOU		