



**THULAMELA LOCAL MUNICIPALITY  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
SPATIAL PLANNING AND LAND USE MANAGEMENT DIVISION  
TOWN PLANNING SECTION**

**APPLICATION FOR THE SPECIAL CONSENT OF THULAMELA LOCAL MUNICIPALITY IN TERMS OF CLAUSE 28 OF THE THULAMELA LAND USE SCHEME, 2006 READ TOGETHER WITH SECTION 74(1) OF THULAMELA MUNICIPALITY SPATIAL PLANNING AND LAND USE MANAGEMENT BY LAW 2015 AND PROVISIONS OF SPATIAL PLANNING AND LAND USE MANAGEMENT ACT 16 OF 2013.**

**A. Required documents**

Please Mark with an X if applicable			Remarks
Application fee receipt			
Application Form			
Copy of Identity Document			
Copy of Company registration			
Covering letter			
Motivation Memorandum			
Power of Attorney			
Company Resolution			
Copy of SACPLAN registration			
Zoning Certificate			
Site Development Plan			
Locality plan			
Zoning map			
Land Use map			
Map 3 and Scheme clauses			
Mineral Rights Holder's Consent			
Title Deed/Deed of Grant			
Bond holder consent			
<p>✓ This application form should be completed in full</p> <p>✓ If any information is incomplete this might result in a rejection of the application.</p> <p>✓ Application should be motivated and will be considered in terms of:</p> <ul style="list-style-type: none"> <li>○ The amenities of the area</li> <li>○ The need and desirability of the use concerned.</li> <li>○ The character of the area</li> <li>○ Health and Safety of the area</li> </ul> <p>✓ 4 coloured copies of application must be attached.</p>			

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ADVERTISEMENTS		
1. Local Newspaper		1.1.Week 1:English & other local official language  Date/Remarks:  1.2.Week 2:English & other local official language  Date/Remarks:
2. Government Gazette		2.1.Week 1  1.2.Week 2:English & other local official language
Proof of Advertisement Newspaper (2 consecutive weeks)		
Proof of Provincial Government gazette (2 consecutive weeks)		
Proof of Site notice photos with date		
Sworn Affidavit regarding site notice		

#### B. Status of the applicant

- 1.1 Registered owner ☐
- 1.2 Authorised agent ☐

#### C. Applicant details

- 2.1 Company:\_\_\_\_\_
- 2.2 Surname:\_\_\_\_\_
- 2.3 Full names:\_\_\_\_\_Initials:\_\_\_\_\_
- 2.4 .E-mail address:\_\_\_\_\_
- 2.5 Company Registration No./Identity No.:\_\_\_\_\_
- 2.6 .Telephone number:\_\_\_\_\_
- 2.7 .Cellular Phone number:\_\_\_\_\_
- 2.8 .Fax number:\_\_\_\_\_
- 2.9 .Physical Address:\_\_\_\_\_
- \_\_\_\_\_Postal Code\_\_\_\_\_
- 2.10Postal Address:\_\_\_\_\_

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\_\_\_\_\_Postal Code\_\_\_\_\_

**D. Registered Owner according to Title Deed/Deed of Grant ( only required if different to the applicant's details)**

3.1 Company name:\_\_\_\_\_

3.2 Title:\_\_\_\_\_

3.3 Surname:\_\_\_\_\_

3.4 Full names:\_\_\_\_\_

3.5 Initials:\_\_\_\_\_

3.6 Email:\_\_\_\_\_

3.7 Telephone number:\_\_\_\_\_

3.8 Cellular number:\_\_\_\_\_

3.9 Fax:\_\_\_\_\_

3.10Physical Address:\_\_\_\_\_

\_\_\_\_\_Postal Code\_\_\_\_\_

3.11Postal Address:\_\_\_\_\_

\_\_\_\_\_Postal Code\_\_\_\_\_

**E. Property Information**

4.1 Township:\_\_\_\_\_

4.2 Erf number:\_\_\_\_\_

4.3 Street Address:\_\_\_\_\_

4.4 Property Size ( in m<sup>2</sup>):\_\_\_\_\_

4.5 Current Land Use:\_\_\_\_\_

4.6 Current Zoning (Scheme):\_\_\_\_\_

4.7 Proposed Land Use:\_\_\_\_\_

4.8 Present Height:\_\_\_\_\_

4.9 Present Density (Scheme):\_\_\_\_\_

4.10 Present Coverage (scheme):\_\_\_\_\_

4.11 Present FAR (Scheme):\_\_\_\_\_

4.12 Title Deed/Deed of Grant No.:\_\_\_\_\_

4.13 Bond (Yes/No):\_\_\_\_\_

4.14 If Yes in 4.13 specify Bond Account No.:\_\_\_\_\_

4.15 Bondholder's name:\_\_\_\_\_

4.16 Restrictive Title Deed/Deed of Grant Condition paragraph No.:\_\_\_\_\_

4.17 Existing number of dwelling units on the property (where applicable):  
\_\_\_\_\_

4.18 Other land use rights or special exemption granted on the property:  
\_\_\_\_\_

4.19 If paragraph 4.18 is applicable, please provide the date of approval, reference number etc. (A copy of the letter of approval can be attached if available) \_\_\_\_\_

4.20 Are the rights mentioned in Paragraphs 4.19 above still being executed? \_\_\_\_\_

4.21 Is the property classified by the National Monuments Council as a heritage and/or memorable place? \_\_\_\_\_

4.22 Is the building on the property older than 50 years? \_\_\_\_\_

## F. Proposed Use

Indicate the special consent use to be conducted on the property as provided under Table "A", Column 4. Please tick (✓) the relevant

Bakery/Confectionary/Dry clean		Commune-(Rental Accommodation wherein shares a kitchen, TV room, bathrooms & laundry)	
Dwelling office		Institution(Hospital, nursing home, clinic, medical consulting rooms, church with Accommodation for Orphanages	
Retirement village/Old age home		Place of instruction(Colleges, Schools, Lecture hall, Public library, FET)	
Place of public worship		Overnight accommodation	
Residential building		Conference facility	
Hotel		Tea garden	
Filling Station		Social hall (NGO)	
Resort		Commercial use	
Wholesale trade		Public garage	
Service industry		Funeral Parlour(including crematorium)	
Builders yard		Place of amusement	
Art dealer and gallery		Fitness center	
Informal business		Penal beater	
Farm stalls		Animal care center	
Dwelling units		Noxious industry	
Accommodation and related facilities for visitors		Guest house	
Nursery		Private club	

Kiosk		Business/trade related to conservation or tourism for convenience of staff and visitors	
Recreation		Scrap yard	
Municipal purposes		Restaurant	
Taxi rank		Warehouse/Distribution centre	
Special use		Escourt Agency	
Mortuary		Shopping complex (category A)	
Picnic Area		Special use	

In case of special use, stipulate the proposed use:\_\_\_\_\_

#### G. applications as per rezoning

##### 1. Relaxation of F.A.R

Existing rights:\_\_\_\_\_

Proposed rights:\_\_\_\_\_

##### 2. Relaxation of density

Existing rights:\_\_\_\_\_

Proposed rights:\_\_\_\_\_

Relaxation of Coverage:\_\_\_\_\_

Relaxation of Height: \_\_\_\_\_

#### H. Neighbours' signatures consent form (within 50m of the proposed application)

This form must be completed and submitted together with the application form.

Surname & Full Names	Neighbours' Erf no	Approved/ Dissaproved	Signature

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Signature of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_

Signature of Ward Secretary: \_\_\_\_\_

Date:\_\_\_\_\_

Signature of Ward councillor: \_\_\_\_\_

Date: \_\_\_\_\_

Ward Date Stamp

**i. Application fees (for Office use only)**

9.1 Receipt amount:\_\_\_\_\_

9.2 Receipt number:\_\_\_\_\_

9.3 Date received:\_\_\_\_\_

Application received by:.....

Full Names:.....

Rank:.....

Application checked by:.....

Full names:.....

Rank:.....

Received Date Stamp

*“We serve with dedication”*