



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

**APPLICATION FORM FOR SUBDIVISION IN TERMS SECTION 65(2) OF THULAMELA MUNICIPALITY
SPATIAL PLANNING AND LAND USE MANAGEMENT BY LAW 2015 READ TOGETHER WITH
PROVISIONS OF SPATIAL PLANNING AND LAND USE MANAGEMENT ACT 16 OF 2013.**

This application form should be completed in full. If any information is incomplete this might result in a rejection of the application.

1. Status of the applicant

1.1 Registered owner

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1.2 Authorised agent

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2. Applicant details

2.1 CompanyName (if authorised agent): _____

2.2 Surname: _____

2.3 Full names: _____

2.4 Initials: _____

2.5 Company registration

2.6 E-mail address: _____

2.7 Telephone number: _____

2.8 Cellular Phone number: _____

2.9 Fax number: _____

2.10Physical Address: _____

_____ Postal Code _____

2.10 Postal Address: _____ Postal Code _____

3. Property Information

- 3.1 Registered owner: _____
- 3.2 Street Address: _____
- 3.3 Postal Address: _____ Postal Code _____
- 3.4 Township: _____
- 3.5 Erf number: _____
- 3.6 Property Size (in m²): _____
- 3.7 Current Land Use: _____
- 3.8 Current Zoning (Scheme): _____
- 3.7 Title Deed/Deed of Grant/ No.: _____
- 3.8 Bond (Yes/No): _____
- 3.9 If Yes in 3.8 specify Bond Account No.: _____
- 3.10 Bondholder's name: _____
- 3.11 Restrictive Title Deed/Deed of Grant Condition paragraph No.: _____

4. Proposed subdivision Diagram

Erf Number: Township:

Panhandle Area (Dimensions e.g ABCD):

Proposed Subdivision Boundary:

Portion No.	Proposed size measurements (m ²)
Total No. of Portions:	Total proposed size measurement (m²):

5. Required documents

Please Mark with an X		Please Mark with an X	
Application fee		Title deed/deed of grant	
Covering letter		Bondholder's consent (if registered against the property)	
Application Form		Locality plan	
Motivational memorandum		Subdivision Sketch Diagram with dimensions	
Company resolution (if applicable)		Minutes and attendance register of ward committee meeting	

Signature of Registered owner: _____ Date: _____

Signature of Authorised agent: _____ Date: _____

Full Names of Ward Councillor _____

Signature of Ward Councillor: _____ Date: _____

Ward Councillor Date Stamp

6. Application fees (for Office use only)

Receipt amount: _____

Receipt number: _____

Date received: _____

Application received by:

Full Names:

Rank:

Application checked by:

Full names:

Rank:

Received Date Stamp

“We serve with dedication”