

PRIVATE BAG X 02 RANDPARK RIDGE 2156 T. +27 11 794 8333

T. +27 11 794 8333 http://www.sacapsa.com RANDRIDGE OFFICE PARK BLOCK 5, ATELJEE ST RANDPARK RIDGE F. +27 11 794 8339

ARCHITECTURAL COMPLIANCE CERTIFICATE

This certificate is to be completed and submitted by the Registered Person so identified by the Architectural Professions Act 44 of 2000, Section 26(4), as the authorised person responsible

- 1. A company resolution in support of Item C and two copies of this Certificate, together with applicable drawings and documentation, must be submitted to the local authority concerned for approval to build
- 2. One completed copy of this Certificate, stamped by the local authority concerned, is to be retained by the Registered Person

Complete or indicate with a A.1. PROJECT DETA								SCHEDULE 3			
Authority:											
Stand no:			Township:								
Street address:											
Proposed project:											
A.2. PROJECT CLAS	SSIFICATION AS	PER SACAP RI	FGIII ATIONS F	OR THE	IDENTIFICAT	ION O	F WORK S	CHEDIII ES			
SACAP Building				OK III	IDENTITION		Code/s:				
Classification/s:							Coue/s.				
Complexity scale: A.3. SENSITIVITY S	LOW SCALE				MEDIUM				HIGH		
Sensitivity scale:	DUALL	LOW			MEDIUM				HIGH		
ENVIRONMENTAL	NOT	REQUIRED	National H	eritage	Year of						
Impact Assessment: HERITAGE	APPLICABLE NOT	(Included) REQUIRED	Site: National H	- =!togo	Declarati Year of	ion:		Year/			
Impact Assessment:	APPLICABLE	(Included)	Building:	Declaration		ion:			ruction:		
SOCIAL	NOT	REQUIRED	All other	Year/s of		f					
Impact Assessment:	APPLICABLE	APPLICABLE (Included) buildings: construction:									
B. REGISTERED PERSON AUTHORISED IN TERMS OF ARCHITECTURAL PROFESSIONS ACT 44 OF 2000, Sections 18, 26(3) & 26(4)											
Registered Person:											
Registration No:		P	rofessional t	itle:	PrArch	PrS	ArchT	PrArchT	PrArch	Draught	
Architectural practice/firm:											
Postal address:									Code:		
Physical address: Telephone:	r 1	E	-mail addres	c.				C	ode:		
Facsimile:	[]		lobile phone:		1						
l,											
Name:								CC/	Trust,etc No	0:	
Postal address: Physical address:		_							Code:		
Telephone:	[]	E	-mail addres	is:							
Facsimile:	[]	N	/lobile phone	: []						
I,appointed the Professior No 44 of 2000, and dul approval to build from the SIGNED (Property Owner/Authori D. LOCAL AUTHO	y authorised repersion less designed authority sed Agent)	presentative for y concerned.	r the Architect	tural Prad	s the Registe	red Pe e, for DA	rson in te the propo	rms of the Ar sed project d	chitectural Pr letailed herev	with to obtain	
AUTHORITY STAMP					This certificate serves only to confirm compliance by the Registered Person in terms of the Architectural Professions Act 44 of 2000, with Sections 26(3) and 26(4) regarding competency to perform the architectural work identified in their registration conditions for the specified project in this certificate, and does not in any way imply compliance or approval of any other regulations, standards or conditions of or by any authority						

concerned.

DATE