

CITY OF CAPE TOWN ISIXEKO SASEKAPA STAD KAAPSTAD

Checked by (official)

Civic Centre 12 Hertzog Boulevard Cape Town 8001 P O Box 4529 Cape Town 8000

12 Hertzog Boulevard Cape Town 8001 P O Box 4529 Cape Town 8000 Ask for: Jonathan Van Der Byl Tel no: 021 850-4346 Fax no: 021 850 4487 Cela: Jonathan Van Der Byl Umnxeba: 021 850-4346 iFeksi: 021 850 4487 E-mail: lize.vandermerwe@capetown.gov.za Website: http://www.capetown.gov.za

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Burgersentrum Hertzog-boulevard 12 Kaapstad 8001 Posbus 4529 Kaapstad 8000 Vra vir: Jonathan Van Der Byl Tel no: 021 850-4346 Faks no: 021 850 4487

Verw:

STRATEGY & PLANI	NING
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Department: Planning & Building Development Management

Ref: Filename:

Dear Sir / Madam			Complet	ed by (official)	
This letter serves to notify	potentially affected parties of the app	olication set out he	reunder.		
Note to affected parties Should you not be preobjection, you may eith explaining the reasons for request the applicant to it advertise the matter by afforded a 30 day period to the local Victoria Road & Andries F	Note to applicant Should the affected party / property owner not be prepared to sign this letter of no objection, you are advised to submit the application without their agreement so that Council car formally advertise the matter by post. Alternatively, you may amend the proposal so that no departure / consent amendment is required or the affected parties are satisfied. Kindly note, in case of no objection by the relevant party property owner, in addition to signing this form, it is critical that the relevant building / layout plan or proposal drawings are also signed and dated. Where ownership is registered in more than one name (ie both husband and wife), all parties must sign this letter and the plans. Parties signing				
	West, 7129 or faxed to 021-850 0 4346 for further enquiries.	on behalf of a authority to do		y or trust mus	st provide proof of
APPLICATION DETAIL	<u>'</u>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Erf / Erven / Farm no	Allotment area	T .		Application n	0
Applicant / consultant		Contact no			
Application type	Regulation departure	SDP amendmer		Amendn	nent of conditions
Detailed description of a	Consent / Conditional use	Other (please s	pecify)		
DECLARATION BY AFE	FECTED PARTY(S) / PROPERTY OV	WNFR(S)	N day y		
Note: Please ensure the Pl section above is not p	an no specified below corresponds with the pla properly completed. If signing on behalf of a co nore than one person (ie both husband and wife)	an shown to and signe mpany / trust, please a			
such plan(s) (delete w departure(s) / amendmen 15 of 1985 and/or the re- confirm that I / we (plea		tioned application that I / we und g scheme regulati unities Developme	date and haviderstand to ons, the Lent Act, N	edng signed / not the proposal r and Use Plann o 4 of 1984, as	drawn by signed and dated equires consent / ing Ordinance, No
am / are not adv	versely affected by the proposal and	therefore have no	objection	thereto.	
am / are adverse	ely affected by the proposal and there	efore wish to obje	ct to it, for	the reasons lis	ted hereunder
Reasons for objection (if	ion to be formally advertised by Coun any).	ICIL			
Owner signature				Date	
Full name (capitals)	ිල on	npany name	113.55%	1.141 (450,81	
Erf.no		eet address			W-10-10-1-1-1
ostal address	II. E.	يريم وسطوف و مستور و المراد و التريي			
			I lande d	tal code	

Date