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**APPLICATION FOR APPROVAL OF BUILDING PLANS UNDER THE  
NATIONAL BUILDING REGULATIONS AND STANDARDS ACT**

T.P.1

APPLICANT'S NAME : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

TEL No. (H): \_\_\_\_\_ TEL No. (W): \_\_\_\_\_ CELL No.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROPERTY DESCRIPTION: \_\_\_\_\_

PHYSICAL ADDRESS : \_\_\_\_\_

EXISTING BUILDINGS: TO REMAIN – YES / NO FLOOR AREA: \_\_\_\_\_

TO BE DEMOLISHED – YES / NO FLOOR AREA: \_\_\_\_\_

DESCRIPTION OF PROPOSED BUILDINGS: \_\_\_\_\_

**PROPOSED** FLOOR AREA: \_\_\_\_\_ **EXISTING** FLOOR AREA: \_\_\_\_\_

**TOTAL** FLOOR AREA: \_\_\_\_\_ **TOTAL** COVERAGE: \_\_\_\_\_ % F.A.R.: \_\_\_\_\_

PROPERTY AREA: \_\_\_\_\_ No. of FLOORS: \_\_\_\_\_

No. of KITCHENS: \_\_\_\_\_ No. of BATHROOMS: \_\_\_\_\_ No. of GARAGES: \_\_\_\_\_

ESTIMATED COST of CONSTRUCTION: \_\_\_\_\_

TYPE OF SEWERAGE SYSTEM:  CONSERVANCY TANK  SEPTIC TANK  MAINS

**ARCHITECT /** NAME : \_\_\_\_\_ REG No.: \_\_\_\_\_

**DRAUGHTSMAN** ADDRESS : \_\_\_\_\_

TEL No. : \_\_\_\_\_ Cell No: \_\_\_\_\_

EMAIL : \_\_\_\_\_

**BUILDER:** NAME : \_\_\_\_\_ REG No.: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TEL No. : \_\_\_\_\_ Cell No: \_\_\_\_\_

EMAIL : \_\_\_\_\_

**CONSULTANT:** NAME : \_\_\_\_\_ REG No.: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TEL No. : \_\_\_\_\_ Cell No: \_\_\_\_\_

EMAIL : \_\_\_\_\_

**ELECTRICAL:** NAME : \_\_\_\_\_ REG No.: \_\_\_\_\_

**CONTRACTOR** ADDRESS : \_\_\_\_\_

TEL No. : \_\_\_\_\_ Cell No: \_\_\_\_\_

EMAIL : \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE FOLLOWING MUST ACCOMPANY APPLICATION FORMS:**

a) 5 copies of plan (ALL IN COLOUR)

b) Copy of TITLE DEED

c) Copy of SG diagram