

EPHRAIM MOGALE LOCAL MUNICIPALITY

APPLICATION FORM: CONSOLIDATION AND /OR SUBDIVISION IN TERMS OF SECTION 67 OF THE EPHRAIM MOGALE LOCAL MUNICIPALITY SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAW, 2017

Please ensure that all the information is completed on the form. If any information is missing/incomplete this might result in a rejection of the application. This application can be submitted to the Municipal Manager: Ephraim Mogale Local Municipality Physical address: 13 Ficus street, Marble Hall, 0450 Postal address: Box 111, Marble Hall, 0450

Contacts: 013 261 8400

APPLICANT DETAILS

Please indicate Type of Applicant	Individual –ID N	umber	
	Legal/Agent – Registration Number		
-			
A	pplicant Details: Indivi	dual	
Initial			
Full name			
Surname			
Preferred name			
ID number			
Gender			
	ant Details: Legal Enti	ty / Other	
Name			
Registration Number			
Representative Name			
Applica	ant Physical Details of	Applicant	
Physical Address (Work)			
Street number			
Street name			
Township			
City	Postal Code		
Physical Address (Home)			
Street number			
Street name			
Township			
City		Postal Code	
Арр	licant Postal Address	Details	
Postal Type	Po Box	Physical A	Address (Home)
	Private Bag	Physical A	Address (Work)
Postal Number			
Township		Postal Code	
Specify City			•
Арр	licant Communication	Details	
E-Mail Address			



EPHRAIM MOGALE LOCAL MUNICIPALITY

Cell Phone				
Home Phone				
Work Phone				
Home Fax				
Work Fax				
Preferred Communication Type:	E-Mail		SMS	_
	1			
	OWNERS			
Plea	ise indicate the	e type of applicant:		
individual		E	Legal Intity/other	
	Owner Detail			
Title				
Initial				
Full name				
Surname				
Preferred name				
ID number				
Gender				
	mar Datailar I	anal Entity/Othan		
	ner Details: L	egal Entity/Other		
Name				
Registration number				
Representative name				
-	sical Address	Details of Owner		
Physical Address (Work)				
Address line 1 (Street no)				
Address line 2 (Street name)				
Township		Pos	stal Code	
Specify City				
Physical Address (Home)				
Address line 1 (Street no)				
Address line 2 (Street name)				
Township		Po	stal Code	
Specify City				
	wner Postal A	ddress Details		
Postal type				
Postal Number				
Township				
City				
Communication Details				
E-Mail Address				
Cell Phone				
Home Phone				
Home fax				
Work fax				



EPHRAIM MOGALE LOCAL MUNICIPALITY

Preferred Communication Type	E-Mail		S	SMS	
Details of Owner's/Marital Status	Not Appl	licable	Married in Commur of Property		ried out of nmunity of

PROPERTY INFORMATION Please complete this section for each property (make a separate copy for each property)

Township/ Agricultural Holding/ Farm	Portion (eg /R1)	
Erf/Plot/Farm No		
Ward		
Street Name		
Street Number		

SIMULTANEOUS CONSOLIDATION/SUBDIVISION

SUBDIVISION DETAILS				
Proposed Portion Description	Buildable Area (m²)	Panhandle Area (m²)	Panhandle With(m)	Portion Area

CONSOLIDATION DETAILS		
Proposed Portion Description	Size (m ²)	

EXIS	TING/PRESENT	
Town Planning Scheme		
Zoning		
Height		
Density		
Coverage	Present FSR	
Present Annexure No	Present Amendment Scheme No	
Land Value		
Property Size (m ²)	Title Deed Number	
Existing Development		
Restrictive Title Deed Condition paragraph No		



I, _____

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being the Registered Owner / Authorised Agent of the property/ties declare that the above information is

correct and that the required documents are attached.

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APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE		
Receipt Amount		
Receipt Number		
Payment Date		
Application Form Date		

The required documentation must be submitted to: Municipal Manager *Ephraim Mogale Local Municipality Physical address: 13 Ficus street, Marble Hall, 0450 Or Ephraim Mogale Local Municipality Postal address: Box 111, Marble Hall, 0450 Contacts: 013 261 8400*

REQUIRED DOCUMENTS

Kindly refer to the Application Submission Checklist accessible from the Municipal website at www.ephraimmogalelm.gov.za