



EPHRAIM MOGALE LOCAL MUNICIPALITY

APPLICATION FORM: REZONING IN TERMS OF SECTION 64 OF THE 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 Number
	Legal /Agent– Registration Number

Applicant Details: Individual

Title	
Initial	
Full name	
Surname	
Preferred name	
ID number	
Gender	

Applicant Details: Legal Entity / Agent

Name	
Registration Number	
Representative Name	

Applicant 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	

Applicant Postal Address Details

Postal Type	Po Box	Physical Address (Home)	Physical Address (Work)
	Private Bag		
Postal Number			
Township		Postal Code	
Specify City			

Applicant Communication Details

E-Mail Address	
Cell Phone	
Home Phone	



EPHRAIM MOGALE LOCAL MUNICIPALITY

Work Phone			
Home Fax			
Work Fax			
Preferred Communication Type:	E-Mail		SMS
OWNERS DETAILS			
<i>Please indicate the type of applicant:</i>			
<i>Individual</i>		<i>Legal Entity/other</i>	
Owner Details: individual			
Title			
Initial			
Full name			
Surname			
Preferred name			
ID number			
Gender			
Owner Details: Legal Entity/Agent			
Name			
Registration number			
Representative name			
Physical Address Details of Owner			
Physical Address (Work)			
Address line 1 (Street no)			
Address line 2 (Street name)			
Township		Postal Code	
Specify City			
Physical Address (Home)			
Address line 1 (Street no)			
Address line 2 (Street name)			
Township		Postal Code	
Specify City			
Owner Postal Address Details			
Postal type			
Postal Number			
Township			
City			
Communication Details			
E-Mail Address			
Cell Phone			
Home Phone			
Home fax			
Work fax			
Preferred Communication Type	E-Mail		SMS



EPHRAIM MOGALE LOCAL MUNICIPALITY

<i>Details of Owner's/Marital Status</i>	<i>Not Applicable</i>	<i>Married in Community of Property</i>	<i>Married out of Community of</i>
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PROPERTY INFORMATION Please complete this section for each property (make a separate copy for each property)

<i>Township/ Agricultural Holding/ Farm</i>		<i>Portion (eg /R1)</i>	
<i>Erf/Plot/Farm No</i>			
<i>Property size (in m²)</i>			
<i>Ward</i>			
<i>Street Name</i>			
<i>Street Number</i>			
<i>Bond</i>	YES	NO	
	<i>If YES, please specify the bond holder's name:</i>		
<i>Restrictive Title Deed Condition paragraph No</i>			

REZONING DETAILS

Existing/Present			
<i>Town Planning Scheme</i>			
<i>Zoning</i>			
<i>Land Use</i>			
<i>Property Size (m²)</i>		<i>Title Deed Number</i>	
<i>Height (Scheme)</i>			
<i>Density (Scheme)</i>			
<i>Coverage (Scheme)</i>			
<i>Annexure</i>		<i>Amendment Scheme No</i>	
<i>Land Value</i>		<i>Present FAR</i>	
<i>Development</i>			
<i>Parking</i>			
<i>Building Line(s)</i>			
<i>Restrictive Title Deed Condition paragraph No</i>			

Proposed Controls			
<i>Proposed Zoning</i>			
<i>Proposed Primary Right or land use</i>			
<i>Proposed number of units</i>			
<i>Proposed Density</i>			
<i>Proposed height</i>			
<i>Proposed Coverage (%)</i>			
<i>Proposed FAR</i>			
<i>Parking</i>			
<i>Building Line(s)</i>			
<i>Estimate project value</i>			
<i>Applicant responsible for request outside comments</i>	Yes	No	N/A



EPHRAIM MOGALE LOCAL MUNICIPALITY

I, _____

being the Registered Owner / Authorised Agent of the property/ties declare that the above information is correct and that the required documents are attached.

.....
APPLICANT'S SIGNATURE

.....
DATE

The above mentioned documentation will 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

FOR OFFICIAL USE	
<i>Receipt Amount</i>	
<i>Receipt Number</i>	
<i>Payment Date</i>	
<i>Application Form Date</i>	