EPHRAIM MOGALE LOCAL MUNICIPALITY

APPLICATION FORM: REMOVAL/AMENDMENT OF TITLE DEED CONDITIONS AND THE SIMULTANEOUS AMENDMENT OF THE MARBLE HALL TOWN PLANNING SCHEME, 2001, IN TERMS OF THE EPHRAIM MOGALE LOCAL MUNICIPALITY SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAW, 2017, READ WITH SECTION 2(2) AND THE RELEVANT PROVISIONS OF THE SPATIAL PLANNING AND LAND USE MANAGEMENT ACT, 2013.

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

	APPLICANT DETAILS			
Please indicate Type of Applicant		Individual –ID Number		
	Legal – Registrati	ion Number		
An	plicant Details: Individual			
Title	priodrit Details. Individual			
Initial				
Full name				
Surname				
Preferred name				
ID number				
Gender				
Applica	nt Details: Legal Entity / Other			
Vame				
Registration Number				
Representative Name				
•				
Applicar	nt Physical Details of Applicant			
Physical Address (Work)				
Street number				
Street name				
Street name Township		Postal Code		
Street number Street name Township City Appli	cant Postal Address Details	Postal Code		
Street name Township City	cant Postal Address Details Po Box	Postal Code Physical Address (Home)		
Street name Township City Appli		Physical Address		
Street name Township City Appli	Ро Вох	Physical Address (Home) Physical Address		



EPHRAIM MOGALE LOCAL MUNICIPALITY

ET HRAIM MOGALE LO	CHE MENIENTELLI
Applican	nt Communication Details
E-Mail Address	
Cell Phone	
Home Phone	
Work Phone	
Home Fax	
Work Fax	
	DWNERS DETAILS
	dicate the type of applicant:
individual	Legal
Own	Entity/other er Details: individual
Title	or botalio. Illustradar
Initial	
Full name	
Surname	
Preferred name	
ID number	
Gender	
Owner D	etails: Legal Entity/Other
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)	5
Township Specify City	Postal Code
1	Postal Address Details
Postal type	7 Ostal Address Details
Postal Number	
Township	
City	
Communication Details	
E-Mail Address	
Cell Phone	



Reason for Amendment or Removal of Condition/s

EPHRAIM MO	GALE LOCAL MUNIC	IPALITY	
Home Phone			
Home fax			
Work fax			
PROPERTY INFORMATION Please	complete this section for ea	ch property (make a separat	e copy for
each property)	ounpiete une economic rei ea	on proporty (maile a coparat	о оору . с.
Township/ Agricultural	Po	ortion (eg /R1)	
Holding/ Farm			
Erf/Plot/Farm No			
Ward			
Street Name			
Street Number			
REZONING DETAILS			
REZUNING DETAILS			
	EXISTING/PRESENT		
Town Planning Scheme			
zoning			
Property Size (m²)		Title Deed Number	
Bond (Yes/No)		Yes	No
If yes specify Bond Account No			
Bondholder's Name			
Existing Development			
Restrictive Title Deed Condition paragraph No			
, , ,			
	PROPOSED		
use Zone			
Primary Right			
number of units			
Density			
Height Units			
Proposed Coverage (%)			
Proposed FAR			
Estimate project value			
Applicant responsible for request outside comments	Yes	No	N/A
REN	OVAL OF RESTRICTIONS	IN TITLE DEED	
Removal of conditions (According to the Title Deed)			
Amendment of condition/s			

EPHRAIM MOGALE LOCAL MUNICIPALITY

	Yes	No
Indicate whether the property/ties is/are situated in a conservation area or has/have been included in a register of properties worthy of conservation		
Does the property have any endangered plant or animal species, which will be Specify	Yes	No

1,	
being the Registered Owner / Authorised Agent of the correct and that the required documents are attached	
APPLICANT'S SIGNATURE	DATE
FOR C	OFFICIAL USE
Receipt Amount	
Receipt Number	
Payment Date	
Application Form Date	

The abovementioned documentation shall 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