EPHRAIM MOGALE LOCAL MUNICIPALITY

APPLICATION FORM: CONSOLIDATION AND /OR SUBDIVISION IN TERMS OF THE EPHRAIM MOGALE LOCAL MUNICIPALITY SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAW, 2017 READ TOGETHER WITH THE RELEVANT PROVISIONS OF THE SPATIAL PLANNING AND LAND USE MANAGEMENT ACT,

| 2013.   |                            |                         |                |                |   |
|---|----------------------------|-------------------------|----------------|----------------|---|
| Please ensure that all the information is co  |                            |                         |                |                |   |
| might result in a rejection of the application                                      | n. This application can be | e submitted to the I    | <i>Municip</i> | oal Manager:   |   |
| Ephraim Mogale Local Municipality   | 11-11 0450                 |                         |                |                |   |
| Physical address: 13 Ficus street, Marble Postal address: Box 111, Marble Hall, 045 |                            |                         |                |                |   |
| Contacts: 013 261 8400  | )O                         |                         |                |                |   |
|   | APPLICANT DETAIL           | S                       |                |                |   |
|   |                            |                         |                |                |   |
| Please indicate Type of Applicant   | Individual –ID N           |                         |                |                |   |
|   | Legal/Agent – R            | Registration Numbe      | r              |                |   |
|   | Applicant Details: Indivi  | idual                   |                |                |   |
| Title   |                            |                         |                |                |   |
| Initial   |                            |                         |                |                |   |
| Full name   |                            |                         |                |                |   |
| Surname   |                            |                         |                |                |   |
| Preferred name  |                            |                         |                |                | _ |
| ID number   |                            |                         |                |                |   |
| Gender  |                            |                         |                |                |   |
|   |                            |                         |                |                |   |
| Аррі  | icant Details: Legal Enti  | ty / Other              |                |                |   |
| Name  |                            |                         |                |                |   |
| Registration Number   |                            |                         |                |                |   |
| Representative Name   |                            |                         |                |                |   |
|   |                            |                         |                |                |   |
| Appli   | cant Physical Details of   | Applicant               |                |                |   |
| Physical Address (Work)   |                            |                         |                |                |   |
| Street number   |                            |                         |                |                |   |
| Street name   |                            |                         |                |                |   |
| Township  |                            |                         |                |                |   |
| City  |                            | Postal C                | ode            |                |   |
| Physical Address (Home)   |                            |                         |                |                |   |
| Street number   |                            |                         |                |                |   |
| Street name   |                            |                         |                |                |   |
| Township  |                            |                         |                |                |   |
| City  |                            | Postal C                | ode            |                |   |
| Ap  | pplicant Postal Address    | Details                 |                |                |   |
| Postal Type   | Ро Вох                     | Po Box Physical Address |                |                |   |
|   | Private Bag                | Phy                     | sical A        | Address (Work) |   |
| Postal Number   |                            |                         |                |                | 1 |
| Township  |                            | Postal C                | ode            |                |   |

Specify City

EPHRAIM MOGALE LOCAL MUN

| EPHRAIM MOGAL                         |                 | MUNICIPALITY nunication Details |               |   |
|---------------------------------------|-----------------|---------------------------------|---------------|---|
| E-Mail Address                        |                 |                                 |               |   |
| Cell Phone                            |                 |                                 |               |   |
| Home Phone                            |                 |                                 |               |   |
| Work Phone                            |                 |                                 |               |   |
| Home Fax                              |                 |                                 |               |   |
| Work Fax                              |                 |                                 |               |   |
| Preferred Communication Type:         | E-Mail          |                                 | SMS           |   |
|                                       |                 |                                 | l'            |   |
| Diag                                  |                 | S DETAILS                       |               |   |
|                                       | ise indicate th | e type of applicant:            |               |   |
| individual                            |                 |                                 | Legal         |   |
|                                       | Owner Detail    | ils: individual                 | Entity/other  |   |
| Title                                 |                 |                                 |               |   |
| Initial                               |                 |                                 |               |   |
| Full name                             |                 |                                 |               |   |
|                                       |                 |                                 |               |   |
| Surname                               |                 |                                 |               |   |
| Preferred name                        |                 |                                 |               |   |
| ID number                             |                 |                                 |               |   |
| Gender                                |                 |                                 |               |   |
| Own                                   | ner Details: L  | .egal Entity/Other              |               |   |
| Name                                  |                 |                                 |               |   |
| Registration number                   |                 |                                 |               |   |
| Representative name                   |                 |                                 |               |   |
| _                                     | sical Address   | s Details of Owner              |               |   |
| Physical Address (Work)               |                 |                                 |               |   |
| Address line 1 (Street no)            |                 |                                 |               |   |
| Address line 2 (Street name)          |                 |                                 | D1-101-       | 1 |
| Township                              |                 |                                 | Postal Code   |   |
| Specify City  Physical Address (Home) |                 |                                 |               |   |
| Address line 1 (Street no)            |                 |                                 |               |   |
| Address line 2 (Street name)          |                 |                                 |               |   |
| Township                              |                 |                                 | Postal Code   |   |
| Specify City                          |                 |                                 | 1. 2010. 2000 | 1 |
| 0                                     | wner Postal     | Address Details                 |               |   |
| Postal type                           |                 |                                 |               |   |
| Postal Number                         |                 |                                 |               |   |
| Township                              |                 |                                 |               |   |
| City                                  |                 |                                 |               |   |
| Communication Details                 |                 |                                 |               |   |
| E-Mail Address                        |                 |                                 |               |   |
| Cell Phone                            |                 |                                 |               |   |
| Home Phone                            |                 |                                 |               |   |



Restrictive Title Deed Condition paragraph No

## EPHRAIM MOGALE LOCAL MUNICIPALITY

| Home fax  | Z X X X X X    | MOGALE L       | 1001                     | IL MICH  | 101                |                                  | <u> </u>       |                                |      |          |
|---|----------------|----------------|--------------------------|--|--------------------|----------------------------------|----------------|--------------------------------|------|----------|
| Work fax  |                |                |                          |  |                    |                                  |                |                                |      |          |
|   | on Tyne        | 2              | E-Ma                     | ail  |                    |                                  |                | SMS                            |      |          |
| Preferred Communication Type  Details of Owner's/Marital Status |                |                | Not Applicable           |  | · /                | Married in Community of Property |                | Married out of<br>Community of |      |          |
| PROPERTY INFORMATIO each property)                              | <b>N</b> Pleas | se complete th | nis se                   | ction for e                                    | ach <sub>l</sub>   | property                         | (make a separa | ate copy                       | for  |          |
| Township/ Agricultural Holding/<br>Farm                         |                |                | Portion (eg /R1)         |  | /R1)               |                                  |                |                                |      |          |
| Erf/Plot/Farm No  |                |                |                          |  |                    |                                  |                |                                |      |          |
| Ward  |                |                |                          |  |                    |                                  |                |                                |      |          |
| Street Name   |                |                |                          |  |                    |                                  |                |                                |      |          |
| Street Number   |                |                |                          |  |                    |                                  |                |                                |      |          |
| CIMULI TANEQUE CONCO  | LIDATI         |                | NON                      |  |                    |                                  |                |                                |      |          |
| SIMULTANEOUS CONSO  | LIDATIO        |                |                          | /ISION DE                                      | T / I              | 1 0                              |                |                                |      |          |
| Proposed Portion  | Bui            | Idable Area (n |                          |  |                    |                                  | Panhandle Wi   | ith(m)                         | Port | ion Area |
| Description Percentage 1  | 24             |                | (m²) Panhandle Area (m²) |  | T armanaic with(m) |                                  | T ORIGITATE    |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                | CON            | SOLI                     | DATION E                                       | )FT/               | M S                              |                |                                |      |          |
| Proposed Portion Description                                    | on             |                | J J Z                    | <i>5</i> , , , , , , , , , , , , , , , , , , , |                    | ze (m²)                          |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   |                |                |                          |  |                    |                                  |                |                                |      |          |
|   | E              | XISTING/PRE    | SEN                      | T  |                    |                                  |                |                                |      |          |
| Town Planning Scheme  |                |                |                          |  |                    |                                  |                |                                |      |          |
| Zoning  |                |                |                          |  |                    |                                  |                |                                |      |          |
| Height  |                |                |                          |  |                    |                                  |                |                                |      |          |
| Density   |                |                |                          |  |                    |                                  |                |                                |      |          |
| Coverage  |                |                |                          | Pres   | sent               | FSR                              |                |                                |      |          |
| Present Annexure No   |                |                |                          | Pres   | sent .             | Amendm                           | ent Scheme No  | )                              |      |          |
| Land Value  |                |                |                          |  |                    |                                  |                |                                |      |          |
| Property Size (m²)  |                |                |                          | Title  | Dee                | ed Numb                          | er             |                                |      |          |
| Existing Development  |                |                |                          |  |                    |                                  |                |                                |      |          |

| l,                                   |                                    |                                      |
|--------------------------------------|------------------------------------|--------------------------------------|
| being the Registered Owner / Author  | ised Agent of the property/ties do | eclare that the above information is |
| correct and that the required docume | ents are attached.                 |                                      |
|                                      |                                    |                                      |
| 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