



EPHRAIM MOGALE LOCAL MUNICIPALITY

APPLICATION FORM: CONSOLIDATION AND /OR SUBDIVISION IN TERMS OF EPHRAIM MOGALE LOCAL MUNICIPALITY SPATIAL PLANING 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

Postal address: Box 111, Marble Hall, 0450

Contacts: 013 261 8400

APPLICANT DETAILS

<i>Please indicate Type of Applicant</i>	<i>Individual –ID Number</i>
	<i>Legal – Registration Number</i>

Applicant Details: Individual

<i>Title</i>	
<i>Initial</i>	
<i>Full name</i>	
<i>Surname</i>	
<i>Preferred name</i>	
<i>ID number</i>	
<i>Gender</i>	

Applicant Details: Legal Entity / Other

<i>Name</i>	
<i>Registration Number</i>	
<i>Representative Name</i>	

Applicant Physical Details of Applicant

<i>Physical Address (Work)</i>			
<i>Street number</i>			
<i>Street name</i>			
<i>Township</i>			
<i>City</i>		<i>Postal Code</i>	
<i>Physical Address (Home)</i>			
<i>Street number</i>			

Street name			
Township			
City		Postal Code	
Applicant Postal Address Details			
Postal Type	Po Box		Physical Address
	Private Bag		Physical Address (Work)
Postal Number			
Township		Postal Code	
Specify City			
Applicant Communication Details			
E-Mail Address			
Cell Phone			
Home Phone			
Work Phone			
Home Fax			
Work Fax			
Preferred Communication Type:	E-Mail		SMS
OWNERS DETAILS			
Please indicate the type of applicant:			
individual		Legal Entity/ other	
Owner Details: individual			
Title			
Initial			
Full name			
Surname			
Preferred name			
ID number			
Gender			
Owner Details: 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	
Specify City			
Physical Address (Home)			
Address line 1 (Street no)			

Address line 2 (Street name)				
Township		Postal		
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	
Details of Owner's/Marital Status	Not Applicable	Married in Community of	Married out 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			

Town Planning Scheme				
Present Zoning				
Present Height				
Present Density				
Present Coverage		Present FSR		
Present Annexure No		Present Amendment Scheme No		
Present Land Value				
Property Size (m ²)		Title Deed Number		
Bond (Yes/No)	Yes		No	
If yes _ Specify Bond Account Number:				
Bondholder's Name				
Existing Development				
Restrictive Title Deed Condition paragraph No				

Proposed Portion Description	Buildable Area (m ²)	Panhandle/servitude Area (m ²)	Portion Area
Total Area:			

REQUIRED DOCUMENTS

	<i>Application fee</i>		<i>Site Plan</i>		<i>Proof of Marital Status</i>
	<i>Covering Letter</i>		<i>Zoning Plan</i>		<i>Power of Attorney</i>
	<i>Application Form</i>		<i>Zoning Certificate</i>		<i>Registered Title Deed</i>
	<i>Motivating Memorandum</i>		<i>Company/Close Corporation</i>		<i>Bondholders Consent</i>
	<i>Land Use Plan</i>		<i>Proof of Members of</i>		<i>Consent in terms of</i>
	<i>Locality Paln</i>		<i>Photos of Placard</i>		<i>Proof of</i>
	<i>Affidavit</i>		<i>Subdivision sketch diagram</i>		

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 abovementioned 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