



MUNICIPALITY OF WALVIS BAY
PLANNING APPLICATION FORM

for applications made in terms of Section 105(1) of the Urban and Regional Planning Act, 2018 (Act No. 5 of 2018) or Clause 6 of the Walvis Bay Town Planning Scheme



APPLICATION TYPE: Please indicate with an "X" in the white shaded block(s)	
Subdivision	
Consolidation	
Rezoning	
Township Establishment	
Alteration of the Boundaries of an Approved Township	
Disestablishment of an Approved Township or Portion of an Approved Township	
Alteration, Suspension or Deletion of Conditions Relating to Land	
Consent	
DETAIL OF THE APPLICATION: e.g. Subdivision of Erf X into Portion A and Remainder or Rezoning of Erf X from Single Residential to General Business, etc	

PROPERTY DESCRIPTION:	
Erf/Portion/Farm No.:	
Township Name:	
Street Address:	

REGISTERED PROPERTY OWNER:		APPLICANT: <small>If applicant is the same as the owner, please write "SAME AS THE OWNER" next to the name.</small>	
Name:		Name:	
Postal Address:		Postal Address:	
E-mail Address:		E-mail Address:	
Telephone No.:		Telephone No.:	
Mobile No.:		Mobile No.:	
Facsimile:		Facsimile:	

If the registered property owner is a company, please submit the company's founding statement.

If applicant is not the same as registered property owner, please submit Power of Attorney or letter of authorisation from the registered owner.

AUTHORISED AGENT (OWNER OR APPLICANT'S REPRESENTATIVE):	<small>Only complete this section if the authorized agent is neither the registered owner nor the applicant (e.g. appointed consultants)</small>
Name:	
Postal Address:	
E-mail Address:	
Telephone No.:	
Mobile No.:	
Facsimile:	

If Authorised Agent, please submit Power of Attorney or letter of authorisation from the registered owner and applicant, whoever is applicable.

SIGNATURE OF REGISTERED OWNER, APPLICANT OR AUTHORISED AGENT	
Name:	
NCTRP Registration No.:	
NITRP Registration No.:	
Date:	
Signature:	

NCTRP & NITRP registration numbers only required for work reserved for registered town and regional planners in terms of the *Town and Regional Planners and Town and Regional Planners in Training Regulations: Town and Regional Planners Act, 1996*.

FOR OFFICE ONLY			
Receipt No.:	<input type="text"/>	Date Proof of Public Notification Submitted:	<input type="text"/>
Date Lodged (Prior to Public Notification):	<input type="text"/>	Hearing Date (if Applicable)	<input type="text"/>