

Musina

Local Municipality

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MUSINA LOCAL MUNICIPALITY DEPARTMENT OF ECONOMIC DEVELOPMENT AND PLANNING TOWN PLANNING UNIT

**APPLICATION FORM FOR CONSOLIDATION IN TERMS OF PROVISION OF
SECTION 48 (1)(b) OF MUSINA LOCAL MUNICIPALITY SPATIAL PLANNING
AND LAND USE MANAGEMENT BY-LAWS,2016 READ TOGETHER WITH REG
14 OF THE SPATIAL PLANNING AND LAND USE MANAGEMENT
REGULATION: LAND USE MANAGEMENT AND GENERAL MATTERS, 2015
UNDER (ACT 16 OF 2013).**

This application form should be completed in full. If any information is incomplete this might result in a rejection of the application.

1. Applicant details (Provision of Section 45, Act No. 16 of 2013)

1.1 Company: _____

1.2 Surname: _____

1.3 Full names: _____

1.4 Initials: _____

1.5 E-mail address: _____

1.6 Telephone number: _____

1.7 Cellular Phone number: _____

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1.8 Fax number: _____

1.9 Physical Address: _____

_____ Postal Code _____

1.10. Postal Address: _____

_____ Postal Code _____

2. Registered Owner according to Title Deed (only required if different to the applicant's details)

2.1. Company name: _____

2.2. Title: _____

2.3. Surname: _____

2.4. Full names: _____

2.5. Initials: _____

2.6. Email: _____

2.7. Telephone number: _____

2.8. Cellular number: _____

2.9. Fax: _____

2.10. Physical Address: _____

_____ Postal Code _____

2.11. Postal Address: _____

_____ Postal Code _____

3. Property Information

3.1. Township: _____

3.2. Erf number: _____

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3.3 .Street Address: _____

3.4 .Property Size (in m²):_____

3.5 .Current Land Use: _____

3.6 .Current Zoning (Scheme):_____

3.7. Title Deed No.:_____

3.8 .Bond (Yes/No):_____

3.9. If Yes in 3.8 specify Bond Account No.:_____

3.10. Bondholder's name:_____

3.11. Restrictive Title Deed Condition paragraph No.:_____

3.12. Size of the proposed consolidation:

Portion No:	Panhandle Area:	Total Area:
		m ²
Total Area:		m ²

4. Required documents

Please Mark with an X	Please Mark with an X
Covering letter	Bondholder's consent
Motivational memorandum	Locality plan
Power of attorney	Zoning map
Company resolution	Consolidation Sketch plan
Title deed	

5. Application fees (for Office use only)

5.1. Receipt number (for office use): _____

Signature of Applicant:

Date:
