

# Blouberg Municipality



P.O. Box 1593  
SENWABARWANA 0790  
Tel: No.: 015 505 7100  
Fax: No.: 015 505 0568 / 0296  
E-mail:  
[info@bloubergmunicipality.gov.za](mailto:info@bloubergmunicipality.gov.za)

## BLOUBERG LOCAL MUNICIPALITY DEPARTMENT OF DEVELOPMENT PLANNING SPATIAL PLANNING AND LAND USE MANAGEMENT DIVISION TOWN PLANNING SECTION

APPLICATION FORM FOR CONSOLIDATION IN TERMS OF SECTION 77 OF THE BLOUBERG SPATIAL  
PLANNING AND LAND USE MANAGEMENT BY-LAW, 2017

This application form should be completed in full. If any information is incomplete this might result in a rejection of the application. The application must be submitted before newspaper advertisements are published and site notices are placed on the property.

The application must be motivated and considered in terms of:

- The Need and Desirability (Use applied for)
- The Character of other uses in the area;
- Relevant Land Use Management Policy of the Municipality or By-Law;

### 1. STATUS OF THE APPLICANT

1.1 Person allocated land / registered owner

1.2 Authorized agent

1.3 Other \_\_\_\_\_

### 2. APPLICANT DETAILS

2.1. Company: \_\_\_\_\_

2.2. Surname: \_\_\_\_\_

2.3. Full names: \_\_\_\_\_

2.4. Initials: \_\_\_\_\_



2.5. E-mail address: \_\_\_\_\_

2.6. Telephone number: \_\_\_\_\_

2.7. Cellular Phone number: \_\_\_\_\_

2.8. Fax number: \_\_\_\_\_

2.9. Physical Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

2.10. Postal Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**3. PERSON ALLOCATED LAND (only required if different to the applicant's details)**

3.1. Company: \_\_\_\_\_

3.2. Surname: \_\_\_\_\_

3.4. Full names: \_\_\_\_\_

3.5. Initials: \_\_\_\_\_

3.6. E-mail address: \_\_\_\_\_

3.7. Telephone number: \_\_\_\_\_

3.8. Cellular Phone number: \_\_\_\_\_

3.9. Fax number: \_\_\_\_\_

3.10. Physical Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

3.11. Postal Address: \_\_\_\_\_

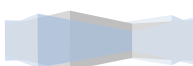
Postal Code: \_\_\_\_\_

**4. PROPERTY INFORMATION**

4.1. Township: \_\_\_\_\_

4.2. Erf number: \_\_\_\_\_

4.3. Street Address: \_\_\_\_\_



4.4. Property Size (in m<sup>2</sup>): \_\_\_\_\_

4.5. Current Land Use: \_\_\_\_\_

4.6. Current Zoning (Scheme): \_\_\_\_\_

4.7. Title Deed No: \_\_\_\_\_

4.8. Bond (Yes/No): \_\_\_\_\_

4.9. If Yes in 3.8 specify Bond Account No. \_\_\_\_\_

4.10. Bondholder's name: \_\_\_\_\_

4.11. Restrictive Title Deed Condition paragraph No.: \_\_\_\_\_

4.12 Size of the proposed consolidation:

Portion No:	Panhandle Area:	Total Area:
		M <sup>2</sup>
		M <sup>2</sup>
		M <sup>2</sup>
		M <sup>2</sup>
		M <sup>2</sup>
		M <sup>2</sup>
Total area		

### 5. REQUIRED DOCUMENTS

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

**Please note: three (3) copies of an application must be submitted**

**Signature of Applicant:** \_\_\_\_\_ **date:** \_\_\_\_\_

