



KARIBIB TOWN COUNCIL

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APPLICATION FORM FOR THE RELAXATION OF DEVELOPMENT STANDARD

ERF No:
Suburb:
Name of owner:
Name of Applicant:
Postal Address(Owner):
Tel No(Owner) :
E-mail Address (Owner)

Application for the relaxation of

A. Building Lines

Rear Building Line	From: _____	To: _____
Lateral Building Line	From: _____	To: _____
Street Building Line	From: _____	To: _____

B. Boundary Height:

Rear Boundary wall	From: _____	To: _____
Lateral Boundary wall	From: _____	To: _____
Lateral Boundary wall	From: _____	To: _____

C. Building height

Ground Floor	From: _____	To: _____
First Floor	From: _____	To: _____
Second Floor	From: _____	To: _____

D. Other (specify)

A Copy of ID and site/building plans, signed by the relevant/affected must be attached

Reasons for the relaxation

SIGNATURE OF APPLICANT

DATE



CONSENT FROM ADJOINING OWNER / NEIGHBOUR (NOT TENANT) FOR THE RELAXATION OF DEVELOPMENT STANDARDS

I _____ the owner of erf no: _____ Extension/suburb _____

P.O.Box _____ have scrutinised and signed the building plan no: _____

and

Object

Do not object

 (**X** which is **applicable**) against the proposed encroachment/relaxation of development standards on erf no _____

REMARKS/REASONS:

SIGNATURE

FULL NAME

DATE

Contact Details: _____