KNYSNA
Municipality
Munisipaliteit
uMasipala

BUILDING CONTROL

NOTICE OF INTENTION TO COMMENCE WITH DEMOLITION OF A BUILDING

I/We hereby give notice, in terms of Regulation A22 as prescribed by Act 103 of 1977. I confirm that I am compliant with the relevant sections of the Occupational Health and Safety Act, Act No 85 of 1993.

APPROVAL NO (AS STATED ON PERMIT)

NOTICE FOR INSPECTION WAS SUBMITTED ON DATE:

DATE ON WHICH INSPECTION IS PROPOSED:

INSPECTION TIMES: 09h00 – 12h30 (MONDAYS – THURSDAYS) **REQUESTED TIME:**

This notice must reach the Building Control Office at least **Ten (10) Working Days** **exclusive** of a Saturday, Sunday or public holiday, prior to the intended date of commencement stated above. A confirmation email will be sent by Building Control along with a suitable time and date for the inspection. Please note that any owner who fails to give written notice to Council of intention to commence demolition shall be guilty of an offence.

SITE OPERATIONS – F1 COMPLIANCE CHECKLIST (Please tick)

☐	**Public Protection & Site Barriers** Fencing/hoarding provided and maintained to prevent unauthorised access and ensure public safety.
☐	**Site Containment & Public Space Control** Works confined within site boundaries; no encroachment onto public roads or spaces without approval
☐	**Safe Maintenance & Authority Compliance** All safety measures maintained. Compliance with municipal conditions ensured; no unauthorised alterations.
☐	**Site Facilities & Hygiene (Including Site Toilet**) Approved site toilet provided and maintained in a clean, hygienic condition for the duration of works.

PLEASE ENSURE THAT ALL NOTICES ARE EMAILED TO: building@knysna.gov.za

SECTION A: LOCALITY OF PROPERTY

ERF/FARM NO: ……

STREET NAME & NO.: ……ZONING……

TOWN/AREA: …… SUBURB: …… DEVELOPMENT ……

SECTION B: REGISTERED OWNER

FULL NAMES: …… SURNAME: ……

ID NO: ……COMPANY REG. NO: ……

CONTACT NO: …… VAT NO: ……

EMAIL: ……ADDRESS: ……

…… POSTAL CODE: ……

CORRESPONDENCE TO - OWNER ☐ AUTHORISED PERSON ☐

I am fully aware of the contents of this application. That I appoint the person identified below as my **Legal Agent**. I accept full responsibility for all actions carried out by my agent on my behalf. That I accept communication by email as a legally valid and binding method of communication.

I hereby nominate: _____ as my lawful representative and authorised agent to act on my behalf in the submission and administration of this application in terms of Regulation A22 of Act 103 of 1977, and to perform all actions necessary to ensure compliance with the National Building Regulations and any other applicable law. I confirm that all information provided is true and correct, and I acknowledge that false or misleading information may result in criminal proceedings. Kindly ensure that you or a representative is present on site at the time of inspection that the site is accessible, and that a copy of the approved building plan is available on site for inspection purposes.

REGISTERED OWNERS SIGNATURE: …… **DATE:**…Y……Y……Y……Y……M……M……D……D….

SECTION C: AUTHORISED PERSON

FULL NAMES: …… SURNAME: ……

IDENTITY NO. : …… ADDRESS ……

…… POSTAL CODE: ……

EMAIL ADDRESS: …… CONTACT NO: ……

SIGNATURE: …… DATE: ……Y……Y……Y……Y……M……M……D……D……

NOTE: Please note that the municipality reserves the right to ask for any additional documentation, as may be necessary to process this application. Re-Inspection fee will be charged if not completed on first inspection.

For queries you may contact the Building Control Office at Tel: (044) 302 6325 or (044) 302 6533/26