



OTJIWARONGO MUNICIPALITY

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Namibia

APPLICATION FORM FOR THE RELAXATION OF DEVELOPMENT STANDARDS

APPLICANTS ERF NO:	CONSENTERS ERF NO:
Suburb:	Street Address:
Particulars of Owner	
Name of Owner:	
Name of Authorized Person:	
Postal Address (Owner):	
Tel. No (Owner):	
E-mail Address (Owner):	

Application for relaxation of: *(Please tick appropriate)*

(The written consent of the adjacent neighbours and signed site plan must attached)

A. Building lines:

- For the relaxation of Rear Building Line From: _____ meter to: _____ meter
- For the relaxation of Lateral Building Line From: _____ meter to: _____ meter
- For the relaxation of Street Building Line From: _____ meter to: _____ meter

B. Boundary wall Height:

- For the relaxation of Rear Boundary wall From: _____ meter to: _____ meter
- For the relaxation of Lateral Boundary wall From: _____ meter to: _____ meter
- For the relaxation of Street Boundary wall From: _____ meter to: _____ meter

C. Relaxation of setback-1st or 2nd Floor

- For the relaxation of Rear Building Lines From: _____ meter to: _____ meter
- For the relaxation of Lateral Building Lines From: _____ meter to: _____ meter
- For the relaxation of Street Building Lines From: _____ meter to: _____ meter

D. Relaxation of Building Height:(indicate)

A Site plan/building plans, signed by the relevant/affected neighbours must be attached

(Plan must show, at least existing site building lines and existing buildings the location, height, use design and extent of encroachment of proposed buildings)

E. Relaxation of Garages (Maximum 100m²)

- For the relaxation of Garages From: _____ m² to: _____ m²

Reasons for the relaxation

.....

.....

SIGNATURE OF APPLICANT OR

DATE

DULY AUTHORIZED PERSON

WITH POWER OF ATTORNEY

CONSENT FORM ADJOINING OWNER/ NEIGHBOUR FOR THE RELAXATION OF DEVELOPMENT STANDARDS

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

Have scrutinized and signed the building plan no: _____ prepared by Messrs _____

And

object	do not object
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 (mark with an "X" which is applicable) against the proposed encroachment/relaxation of development standards on erf no: _____ being the following:

- Building lines**
Signature of Owner
- Double Storey within relaxed Building lines**
Signature of Owner
- Relaxation of Boundary wall Height**
Signature of Owner
- Relaxation of Building Height**
Signature of Owner
- Relaxation of Garages**
Signature of Owner

(Please tick Appropriate)

REMARKS/REASON:.....
.....
.....

SIGNATURE

FULLNAME

DATE

Contact Details: Tel. No/ Cell phone:

NB: Please attach certified copy of Identity document (signature) of the neighbour (owner of erf).

OFFICE USE ONLY TOWN PLANNING SCHEM REGULATION-REPORT		
Zoning of Erf:	
Notice Number:	
Comments:	
Recommended:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">YES / NO</td></tr></table> <div style="text-align: right; padding-right: 50px;">BUILDING CONTROL OFFICER</div>	YES / NO
YES / NO		
Approved:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">YES / NO</td></tr></table> <div style="text-align: right; padding-right: 50px;">STRATEGIC EXECUTIVE: TECHNICAL SERVICES</div>	YES / NO
YES / NO		
Approved:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px;">YES / NO</td></tr></table> <div style="text-align: right; padding-right: 50px;">CHIEF EXECUTIVE OFFICER</div>	YES / NO
YES / NO		