



APPLICATION: BUILDING LINE RELAXATION/ENCROACHMENT

• **TYPE OF RELAXATION:**

- STREET BOUNDARY ▶ from m tom. Street name:.....
- SIDE SPACE ▶ *as indicated on site plan.*
- REAR SPACE ▶ *as indicated on site plan.*

• **PROPERTY DESCRIPTION:**

Erf/Holding/Portion:.....Township/Holding/Farm:.....

• **DETAILS OF REGISTERED OWNER(S) / TOWNSHIP OWNER:**

Name (s):

Postal Address:

.....Postal Code:

Tel. No. (B)(Cell):

Fax: E-mail address:.....

I/We, the registered owner(s) herewith warrant that the information provided, is correct.

.....
Signature: Registered owner(s) Date

• **AUTHORISED AGENT (ARCHITECT/DRAUGHTSMAN/CONSULTANT:**

Name:

Postal Address:

.....Postal Code:

Tel. No. (B)(Cell):

Fax: E-mail address:.....

I/We, the authorized agent herewith warrant that the information provided, is correct.

.....
Signature: Authorised agent Date

• **FEE RECEIVED: R** **RECEIPT NUMBER:**

A. SUBMIT A DULY COMPLETED APPLICATION FORM TOGETHER WITH THE UNDERMENTIONED DOCUMENTS AS SET OUT HEREUNDER:

- | | |
|--|---|
| <input type="checkbox"/> Site plan clearly indicating; | <input type="checkbox"/> Copy of Title Deed; |
| ✓ existing buildings; | <input type="checkbox"/> Power of attorney (if applicable); |
| ✓ proposed buildings/alterations | <input type="checkbox"/> Coverage schedule: =.....% |
| ✓ building lines | <input type="checkbox"/> Adjoining owner's consent (if applicable); |
| ✓ site dimensions | <input type="checkbox"/> Roof construction: |
| ✓ distances between buildings & boundaries | |
| ✓ municipal sewer pipe | |

OFFICE USE:

B. Are any of the following applicable to this application?

- | | |
|--|---|
| <input type="checkbox"/> Restrictive condition in Title Deed | <input type="checkbox"/> Affected by PWV or K route |
| <input type="checkbox"/> Provincial Building Line | |

Checked: Date:.....

C. DEPARTMENTAL COMMENTS: (Please provide comments/reasons if not supported)

TOWN PLANNING COMMENTS:	Supported <input type="checkbox"/>	Not supported <input type="checkbox"/>
.....		
.....		
ENGINEERING COMMENTS:	Supported <input type="checkbox"/>	Not supported <input type="checkbox"/>
.....		
.....		
BUILDING CONTROL COMMENTS:	Supported <input type="checkbox"/>	Not supported <input type="checkbox"/>
.....		
.....		
TRAFFIC COMMENTS:	Supported <input type="checkbox"/>	Not supported <input type="checkbox"/>
.....		
.....		
FIRE COMMENTS:	Supported <input type="checkbox"/>	Not supported <input type="checkbox"/>
.....		
.....		

D. DECISION:

APPROVED NOT APPROVED

Name:Signature:Date:

PERMISSION SLIP

(To be completed by affected neighbour)

I _____, property owner of

Holding / Farm Portion / Erf _____ Township / Agricultural Holdings /

Farm: _____; hereby

Do not object

Object

To the proposed _____.

Comment/reason:

Date: _____

Signature: _____

Cell: _____

Email: _____

