

PRIVATE BAG X 02 RANDPARK RIDGE 2156 T. +27 11 794 8333 http://www.sacapsa.com RANDRIDGE OFFICE PARK BLOCK 5, ATELJEE ST RANDPARK RIDGE F. +27 11 794 8339

ARCHITECTURAL COMPLIANCE CERTIFICATE

This certificate is to be completed and submitted by the Registered Person so identified by the Architectural Professions Act 44 of 2000, Section 26(4), as the authorised person responsible

- 1. A company resolution in support of Item C and two copies of this Certificate, together with applicable drawings and documentation, must be submitted to the local authority concerned for approval to build
- 2. One completed copy of this Certificate, stamped by the local authority concerned, is to be retained by the Registered Person

Complete or indicate with a A.1. PROJECT DETA		ere applic	able							SCHEDULE 3		
Authority:												
Stand no:	Township:											
Street address:	Tottionp.											
Proposed project:												
A.2. PROJECT CLAS	SSIFICA	TION AS	PER SACAP R	EGULATION	IS FOR	THE ID	ENTIFICATIO	N OF WORK	SCHE	EDULES		
SACAP Building					Code/s:							
Classification/s:	1000											
Complexity scale:	LOW					MEDIUM				HIGH		
A.3. SENSITIVITY S Sensitivity scale:	LOW				MEDIUM				HIGH			
ENVIRONMENTAL	N	OT	REQUIRED	Heritage Year of					TIIGH			
Impact Assessment:		ICABLE	(Included)	Site:		Declaration:						
HERITAGE		OT	REQUIRED	National Heritage		Year of			Year/s of			
Impact Assessment:	APPLI	ICABLE	(Included)	Building:			Declaration:		construction:			
SOCIAL		OT	REQUIRED	All other		Year/s						
Impact Assessment:	APPL	ICABLE	(Included)	building	s:		construction	า:				
B. REGISTERED F	PERSON	AUTHOI	RISED IN TER	MS OF ARCI	HITECT	TURAL F	PROFESSIONS	ACT 44 OF	2000,	Sections 18, 26(3) & 26(4	!)	
Registered Person:												
Registration No:	Professional title: PrArch PrSArchT PrArchT PrArchDraught											
Architectural												
practice/firm:												
Postal address:										Code:		
Physical address:							Code:					
Telephone:	[]		E	-mail addı	ress:					<u>'</u>		
Facsimile:	[]		N	Mobile pho	ne:]					
providing the respective for approval to build. I,	local au the und and that	uthority v dersigned my app	with such draw d, also hereby pointment to	as above, h wings, detai / confirm th this project	ave acc Is and p at the is not	cepted particul project in var	the appointme ars as it may classification iance with my	ent and here require in t and site cla	eby ur erms (assifica	isible Professional Register indertake to accept respon- of the National Building Re ation information provided tration conditions and the	sibility for egulations d above is	
SIGNED								DATE				
(Professional Registered	Person	who cert	ifies that the	above inforn	nation i	is true		DAIL			-	
C. PROPERTY OV	V/NICD/AI	ITLIANI	CD ACENT									
Name:	VINER/A	UTTIONIS	DED AGENT							CC/Trust,etc No:		
Postal address:										Code:		
Physical address:										Code:		
Telephone:	[1		E-mail add	ress:							
Facsimile:	[]		Mobile pho		[]					
	y autho	rised rep	resentative fo			ve, as	the Registered	Person in	terms	Agent of the above prope of the Architectural Profes project detailed herewith	ssions Act	
SIGNED								DATE				
(Property Owner/Authori	ised Ag	ent)						DAIL				
D . LOCAL AUTHO	RITY											
AUTHORITY STAMP						This certificate serves only to confirm compliance by the Registered Person in terms of the Architectural Professions Act 44 of 2000, with Sections 26(3) and 26(4) regarding competency to perform the architectural work identified in their registration conditions						

concerned.

for the specified project in this certificate, and does not in any way imply compliance or approval of any other regulations, standards or conditions of or by any authority

DATE