

# KSD Local Municipality



## Zoning Certificate Application Form

For Official Use:

Reference Number	Application Fee	Receipt Number
13 / 1 / R	R 84. 45	

### Details of Zoning Certificate Applicant

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Details of Property Owner *(Only if different from applicant)*

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Details of Property

Erf Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suburb/Township: \_\_\_\_\_  
Current Land Use: \_\_\_\_\_

Reason for request of zoning certificate:

\_\_\_\_\_  
\_\_\_\_\_

Relation to property: \_\_\_\_\_  
\_\_\_\_\_

#### Please Note:

1. IF THE PROPERTY IS SITUATED IN A TRUST OR COMMUNAL LAND AREA THAT IS UNDER TRADITIONAL COUNCIL OR COMMUNAL PROPERTY ASSOCIATION, THE ZONING CERTIFICATE CANNOT BE ISSUED BY THE MUNICIPALITY UNTIL SUCH A TIME THAT A REZONING DEVELOPMENT APPLICATION IS SUBMITTED TO THE MUNICIPALITY.
2. IF A PROPERTY IS A RESULT OF A SUBDIVISION, CONSOLIDATION AND/OR FORMS PART OF A TOWNSHIP THAT IS NOT REGISTERED WITH THE SURVEYOR GENERAL IN TERMS OF THE LAND SURVEY ACT NO. 8 OF 1997 OR THE REGISTRAR OF DEEDS IN TERMS OF THE DEEDS REGISTRY ACT 47 OF 1937 AS AMENDED, THE ZONING CERTIFICATE CANNOT BE ISSUED BY THE MUNICIPALITY UNTIL SUCH A TIME THAT THE REGISTRATIONS HAVE BEEN UNDERTAKEN.
3. IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY, HE/SHE MUST SUBMIT A POWER OF ATTORNEY OR LETTER FROM THE PROPERTY OWNER GIVING THE APPLICANT PERMISSION OR AUTHORIZATION TO APPLY FOR THE ZONING CERTIFICATE.
4. THE ZONING CERTIFICATE APPLICATION FORM SUBMISSION MUST BE ACCOMPANIED BY A PROOF OF PAYMENT (ZONING CERTIFICATE APPLICATION FEE) AND TITLE DEED OF THE PROPERTY THAT THE ZONING CERTIFICATE IS APPLIED FOR.

**NB: ZONING CERTIFICATE APPLICATION DAYS ARE MONDAYS-THURSDAYS AND FRIDAY IS COLLECTION (EMAILING) DAY OF THE WEEK THAT THE ZONING CERTIFICATE IS APPLIED FOR.**

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Signature of Applicant

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Date