MUNISIPALITEIT VAN

PRINS ALBERT

Rig alle korrespondensie aan:
DIE MUNISIPALE BESTUURDER
Privaatsak X53, Prins Albert, 6930



MUNICIPALITY OF

PRINCE ALBERT

Address all correspondence to:
THE MUNICIPAL MANAGER
Private Bag X53, Prince Albert, 6930

E-Pos / E-Mail: adminiklerk@pamun.gov.za mvele@pamun.gov.za

Tel: 023-541 1320, Fax: 023-541 1321

APPEAL FORM

(Section 79 Prince Albert Municipality: Municipal Land Use Planning By-Law, 2015)

KINDLY NOTE: Please complete this form using BLOCK capitals and ticking the appropriate boxes. Append this form to your letter of appeal which must comply with section 80 of the Prince Albert Municipality: Municipal Land Use Planning By-Law.2015

taria use Fiariting by-taw,2013										
PART A: APPEAL										
Are you appealing against the decision made by the authorised employee or Tribunal?					N	loc	If Yes, indicate in Part E if the appeal is lodged against the whole decision of part thereof. If the latter applies provide a description of the part.			on or
Are you appealing in respect of the failure of the authorised employee or Tribunal to make a decision within the period contemplated in section 57(1) or (2)?					Ν		If Yes, provide facts that prove the failure in Part E.			
Are you appealing against the condition(s) of approval imposed by the authorised employee or Tribunal?					N		If Yes, list relevant condition(s) and provide a description in Part E.			
Is your appeal based on and primarily concerned with the process followed prior to the authorised employee or Tribunal decision?					N	If Y	If Yes, specify in Part E.			
Is your appeal based on and primarily concerned with the merits of the land development or land use application on which it is believed that the authorised employee or Tribunal erred in coming to the conclusion?					Ν		If Yes, specify in Part E.			
Date of decision	D	D/N	M/YYYY	Date receiving notice of decision DD/MM/YYYY						
Who took the original decision	Š 1		Authorised	l employ	ree		V	Tribunal		
PART B: APPELLANT'S DETAILS										
First name(s)										
Surname										
Company or legal person's name (if applicable)										
Postal address										

						Postal			
						Code			
Email									
Tel			Fax			Cell			
PART C	: APPELLANT	S PROPERTY DE	SCRIPTION	(Property t	hat is affected by	proposed develo	opment)		
s) or	er(s) of en/Portion(Farm(s), ent area.								
Physico	al Address								
GPS Co	pordinates				Town/City				
PART D	: PROPERTY D	ESCRIPTION O	F PROPOSEI	D LAND DE\	/ELOPMENT				
s) or	er(s) of en/Portion(Farm(s), ent area.								
Physico	al Address					1			
GPS Co	pordinates				Town/City				
PART E:	APPEAL MO	IVATION AND	REASONS*			•			
* Appeal motivation, information and reasons may be attached.									
PART F:	APPEAL FEE	(for completion	n and use k	oy official)					
						Appeal	R		
					<u>10</u>	TAL APPEAL FEES*	R		
* Appeal fees that are paid to the Municipality are non-refundable and proof of payment of the application fees must accompany the application.									
BANKIN	NG DETAILS								
Name: Prince Albert Municipality									
Bank: ABSA									
Branch code: 334708									
Account number: 2640 560 064									
	nt reference: licable)	:							
1. 1.	,								

PART G: ATTACHMENTS AND SUPPORTING INFORMATION AND DOCUMENTATION									
Complete the following checklist and attach all the information and documentation relevant to the appeal.									
Υ	Ν	Proof of payment of appeal fees (applicant)		Υ	Ν	Proof of serving notice of appeal (applicant)			
Υ	Ν	Copy of decision and proof of notification		Υ	N	Copy of conditions of approval			
Υ	Ν	Motivation and reasons for appeal		Υ	Ν	Other (specify)			
SECT	ION H:	DECLARATION		_	<u></u>				
I her	 hereby wish to confirm the following: That the information contained in this appeal form and accompanying documentation is complete and correct. 								
2.	2. I'm aware that it is an offense in terms of section 86(1)(d) of the said legislation to supply particulars, information or answers knowing the particulars, information or answers to be false, incorrect or misleading or not believing them to be correct.								
App	Appellant's signature: Date:								
Full name:									
FOR	FOR OFFICE USE ONLY								
Date received:				Received by:					
		MunicipalStamp							
		MunicipalStamp							