



Lepelle-Nkumpi Local Municipality

Private Bag X 7

Chueespoort

0745

**APPLICATION FOR SITE WITHIN THE AREAS UNDER THE TRIBAL AUTHORITIES (I.T.O THE
BLACK AREAS LAND REGULATIONS, 1969 PROCLAMATION NO. R188 OF 1969)**

1. Full name of applicant/agent:.....
2. Full property description according to Title Deed / Deed of Grant / Permission to Occupy Certificate:.....
3. Name of the Tribal Authority:.....
4. Name of the traditional leader:.....
5. Village name:.....
6. Name of the Headman.....
7. Approximate Size of application property/ies m²/ hectare:.....
8. Street address of application property (if any):.....
9. Postal address of applicant/agent:.....

10. Telephone numbers:

Registered Owner/applicant:

Work :

Home:.....

11. Current land usage:.....

12. Proposed land usage:.....

13. Describe the type of building for the proposed land-use/business:.....

14. Provide details on the size of the proposed land-use/business:.....

15. SUPPORTING DOCUMENTATION ATTACHED TO THE APPLICATION:

#	SUPPORTING DOCUMENTS	TICK THE APPROPRIATE
A)	Motivational memorandum	
B)	A copy of the Title Deed / Deed of Grant / Permission to Occupy Certificate(if available)	
C)	Stamped letter from the ward councillor	
D)	Stamped letter Tribal Authority	
E)	Stamped letter from the headman	
F)	Certified copy of identity document(applicant)	
G)	Sketch plan showing locality of the site	
h)	Site development plan/building plan(if available)	

Description of the site (Where is the site (if possible outline the landmarks close by):

[illegible]

16. PUBLIC PARTICIPATION

16.1 Tarven and other related uses.

Only for taverns, bottle stores, liquor stores, beer halls, pubs, any other places that stores and sells liquor, industries, manufacturing, noxious industries emitting gases bad odours and noise. The applicant is expected to make sure that the surrounding neighbours sign the form to consent or disagree with the proposed development at least 20 households if possible.

Name	Address/house number	Do you support the application? <i>NB: If No please state the reasons on the separate sheet</i>	
		YES	NO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
9.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

16.2 For the institutions close to the site:

NB: Only to be signed by person with delegated power *e.g. principal, pastor e.t.c*

#	Name & initials	Designation	Type of institution <i>e.g. Church, School, Crèche, Government offices</i>	Approximate distance from the site	Do you support the application? <i>NB: If No please state the reasons on the separate sheet</i>	
					YES	NO
1.						
2.						
3.						
4.						
5.						
6.						

16.3 OTHER USES DESPITE THE ABOVE *e.g. Churches, general dealers without liquor, crèches, shops spaza's, e.t.c.*

The applicant is expected to make sure that the surrounding neighbours sign the form to consent or disagree with the proposed development at least 7 households if possible.

Please tick the appropriate

NAME AND SURNAME	ADDRESS/HOUSE NUMBER	DO YOU SUPPORT THE APPLICATION <i>NB: if no please state the reasons on the separate sheet</i>	
		YES	NO
1			
2			
3			
4			
5			
6			
7.			
8.			
9.			
10.			

17. OBJECTIONS RECEIVED (FOR OFFICIAL USE)

17.1 If YES, attach copies of all objections to application.

17.2 Submit applicant's comments on objections.

YES		NO	
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18. ADDITIONAL INFORMATION

The municipality may require additional documentation/information (i.e. site development plan, traffic impact study, environmental report, etc) at its discretion when evaluating the application.

YES		NO	
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18.1 Specify any additional information provided with the submission of this application:

19. RECOMMENDATION

19.1 Ward councillor

NAME AND SURNAME	WARD NUMBER	RECOMMENDED/ NOT RECOMMENDED. <i>if not, please attach reasons on the separate sheet</i>	
		YES	NO

Signature:..... Date:.....

Official Stamp (if available)

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19.2 Headman

NAME AND SURNAME	VILLAGE NAME	RECOMMENDED/ NOT RECOMMENDED. <i>If not, please attach reasons on the separate sheet</i>	
		YES	NO

Signature:..... Date:.....

Official Stamp (if available)

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19.3. Tribal authority

		Please tick the appropriate	
NAME AND SURNAME	TRIBAL AUTHORITY	RECOMMENDED/ NOT RECOMMENDED. <small>if not/ please attach reasons on the separate sheet</small>	
		YES	NO

Signature:..... Date:.....

Official Stamp (if available)

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DECLARATION

I/We hereby confirm that the information contained in this application is true and was completed to the best of my knowledge. I also understand that my application will not be considered if it is incomplete and undertake to submit any further information that may be required by the municipality to finalise the application.

Signed in Signed in.....this day of 20.....

SIGNATURE OF APPLICANT:.....

Important Notes:

1. *Please note that the rights to be granted only lasts for the period of two years, if not exercised the tribal authority together with the municipality reserves the rights to withdraw them.*
2. *The application form should be completed fully.*