



KARIBIB TOWN COUNCIL

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APPLICATION FOR BUILDING COMPLIANCE CERTIFICATE

Owner's Details:

Full name of Applicant: _____

Postal Address: _____

Town: _____ Tel/Mobile: _____

Email address: _____

Erf No: _____ Township: _____ Unit no (if applicable): _____

Conveyancer's Details:

Conveyancing Firm: _____

Conveyancing firm Email Address: _____

Agent's Email Address: _____

Contact Person: Name: _____ Tel/Cellno: _____

Signature of applicant

Date

For Office use only

Date received:

Application approved: Yes / No

Date Inspected:

Remarks: