



MUNICIPALITY OF SWAKOPMUND

DEPARTMENT OF ENGINEERING & PLANNING SERVICES



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CONSENT FROM ADJOINING OWNER/NEIGHBOURS FOR BUSINESS REGISTRATION AND/OR CONSENT USE

I ..... the owner of Erf .....

Street Address:
Postal Address:
Tel. No.:
E-mail Address:

Am aware that an application for a ..... on Erf ..... By Messrs ..... has been applied for, at the Municipality of Swakopmund and have the following to respond:

- No objection ..... Signature of Owner
Objection ..... Signature of Owner

(Please mark whichever is applicable in the block)

against the proposed consent use:
(If you have an objection, please stipulate your reasons/remarks below)

Remarks/reasons table with 5 rows

SIGNATURE FULL NAME DATE

Contact Details: Tel. No / Cell Phone:

Please attach certified copy of Identity (signature) of the neighbour (owner of the erf).