



MUNICIPALITY OF SWAKOPMUND

DEPARTMENT OF ENGINEERING & PLANNING SERVICES



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APPLICATION FORM FOR THE RELAXATION OF DEVELOPMENT STANDARDS

APPLICANTS ERF NO:	CONSENTERS ERF NO:
Suburb:	Street Address:
Particulars of Owner	
Name of Owner:	
Name of Authorized Person:	
Postal Address (Owner):	
Tel. No (Owner):	
E-mail Address (Owner):	

Application for relaxation of: (Please tick appropriate)
(The written consent of the adjacent neighbors and a signed site plan must attached)

A. Building Lines:

- For the relaxation of Rear Building Line From: _____ meter to: _____ meter
- For the relaxation of Lateral Building Line From: _____ meter to: _____ meter
- For the relaxation of Street Building Line From: _____ meter to: _____ meter
- For the relaxation of Street Building Line (Garage) From: _____ meter to: _____ meter

B. Boundary Wall Height:

- For the relaxation of Rear Boundary wall From: _____ meter to: _____ meter
- For the relaxation of Lateral Boundary wall From: _____ meter to: _____ meter
- For the relaxation of Street Boundary wall From: _____ meter to: _____ meter

C. Relaxation of setback - 1st or 2nd Floor

- For the relaxation of Rear Building Line From: _____ meter to: _____ meter
- For the relaxation of Lateral Building Line From: _____ meter to: _____ meter
- For the relaxation of Street Building Line From: _____ meter to: _____ meter

D. Relaxation of Building Height: (Indicate)

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A site/building plans, signed by the relevant/affected neighbors must be attached; indicating the Plan number; _____ dated _____
(Plan must show, at least, existing site building lines and existing buildings, the location, height, use, design and extent of encroachment of proposed buildings.)

E. Relaxation of Garages (Maximum 100m²)

- For the relaxation of Garages From: _____ m² to: _____ m²

F. As Built Plans

- Yes No

Reasons for the relaxation

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SIGNATURE OF APPLICANT or
DULY AUTHORIZED PERSON
WITH POWER OF ATTORNEY

.....
DATE



