



MUNICIPALITY SWAKOPMUND

☎ (064) 4104421 / 4104417 / 4104418 / 4104404
 📠 0886519137

✉ 53 SWAKOPMUND
 Namibia

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)

.....
 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

Reasons for the relaxation

.....
 SIGNATURE OF APPLICANT or
DULY AUTHORIZED PERSON
WITH POWER OF ATTORNEY

.....
 DATE



**CONSENT FROM ADJOINING OWNER / NEIGHBOUR (NO TENANTS) FOR THE
RELAXATION OF DEVELOPMENT STANDARDS**

I _____ the owner of erf no.: _____ Extension/Suburb _____

P O Box No: _____ have scrutinized and signed the building plan

no.: _____ prepared by Messrs _____

and object do not object (mark with an "X" which is applicable) against the proposed encroachment/
relaxation of development standards on erf no _____ being the following:

(PLEASE TICK APPROPRIATE)

- Building Lines
Signature of Owner
- Double Storey within relaxed Building Lines
Signature of Owner
- Relaxation of Boundary Wall Height
Signature of Owner
- Relaxation of Building Height
Signature of Owner
- Relaxation of Garages
Signature of Owner

REMARKS/REASONS:

.....
.....

..... SIGNATURE FULL NAME DATE

Contact Details: Tel. No / Cell Phone:
NB: Please attach certified copy of Identity document of the owner of erf.

OFFICE USE ONLY		
TOWN PLANNING SCHEME REGULATIONS – REPORT		
Zoning of Erf:		
Notice Number:		
Comments:		
Recommended:	YES / NO	TOWN PLANNING
	 NAME SIGNATURE DATE
Recommended:	YES / NO	PROJECTS
	 NAME SIGNATURE DATE
Approved:	YES / NO	GENERAL MANAGER: ENGINEERING & PLANNING SERVICES
	 NAME SIGNATURE DATE