



MUNICIPALITY OF SWAKOPMUND

**ENGINEERING SERVICES DEPARTMENT
Building Control Section
APPLICATION FOR APPROVAL OF BUILDING PLANS**

Erf Nr
Suburb:
Street Address/Name:
Postal Address:
Name of owner:
Email Address:
Owner ID no:
Contact number:
Name of authorized person:
Architect/Draftsman:
Zoning:
Date of submission:
Signature: