



# MUNICIPALITY SWAKOPMUND

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53 SWAKOPMUND  
Namibia

## APPLICATION FORM FOR THE RELAXATION OF DEVELOPMENT STANDARDS

<b>APPLICANTS ERF NO:</b>	<b>CONSENTERS ERF NO:</b>
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 – 1<sup>st</sup> or 2<sup>nd</sup> 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 100m<sup>2</sup>)**

- For the relaxation of Garages  From: \_\_\_\_\_ m<sup>2</sup> to: \_\_\_\_\_ m<sup>2</sup>

**Reasons for the relaxation**

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 SIGNATURE OF APPLICANT or  
DULY AUTHORIZED PERSON  
WITH POWER OF ATTORNEY

.....  
 DATE



