

MASIPALA WASE THEEWATERSKLOOF MUNISIPALITEIT

Munisipale Kantoor/Municipal Office
Pleinstraat/Plein Street
Posbus/P.O Box 24
CALEDON
7230



Tel. no.: 028 214 3300
Faks/Fax no.: 028 214 1289
E-pos/E-mail:twkmun@twk.org.za

Our Reference Number: FA 319/88
Your Reference Number:
Enquiries: Sunet du Toit, 028 214 3300 / sunetdu@twk.org.za

Date: 11 September 2019

REGISTERED MAIL

TV Smit
TV Smit Architects and Town & Regional Planners
P O Box 7018
WORCESTER WATERFRONT
6864

DECISION LETTER TO APPLICANT

Good day Mr/Mrs/Ms

APPLICATION FOR AMENDMENT, DELETION OR IMPOSITION OF CONDITIONS IN RESPECT OF AN EXISTING APPROVAL AND DEPARTURE : PORTION 88 OF THE FARM PALMIET RIVIER NO. 319, CALEDON DISTRICT

1. Your application received 14 June 2019 , refers.
2. The Authorised Employee, on 09 September 2019 **approved, in whole** following series of applications in terms of Section 60 of the Theewaterskloof Municipality: By-law on Municipal Land Use Planning, 2015, as depicted on Site Development Plan No 6850/0514/01 dated June 2019 drawn by AMH:
 - 2.1. The amendment of condition 3.3 dated 24 February 2016 and replaced with the updated Site Development Plan;
 - 2.2. Departure from the Southern common building line from 30,0 metres to 0,0 metres to accommodate the existing structures and proposed new structure; and
 - 2.3. Depart from the zoning scheme parameters Chapter 14.1.2. (d)(iii) with regards to development parameters from height restrictions from 10m to 17m to accommodate a new technology cold store racking.
3. **Reasons** for the above decision are as follows:
 - 3.1. The proposed development is in line with the applicable Development Principles as contained in SPLUMA and LUPA.
 - 3.2. No objection was received.
 - 3.3. The proposal is consistent with the Theewaterskloof Municipal SDF.
 - 3.4. The proposal has no negative impact on the surrounding community's welfare and safety.

- 3.5. No negative impact will be placed on municipal infrastructure.
- 3.6. The land use will not be changed;
4. **The abovementioned approval is subject to the following conditions in terms of Section 66 of the Theewaterskloof Municipality: By-law on Municipal Land Use Planning (2015):**
- 4.1. All the conditions of previous approval dated 24 February 2016 shall remain in force except for the amendment of condition 3.3;
- 4.2. Building plans must be submitted to the municipality before construction commences and
- 4.3. The approval of this application does not exempt the applicant/developer from compliance of any other legislation.
5. You are hereby informed of your right to appeal to the Appeal Authority in terms of section 79(2) and 80 of the said legislation.
- 5.1. The attached appeal form must be completed and should be directed to the Appeal Authority and received by the Theewaterskloof Municipality, 6 Plein Street, Caledon, 7230 telephone: 028 214 3300, within 21 days of notification of this decision together with proof of payment of the appeal fee.
- 5.2. You are requested to simultaneously serve notice of the appeal on any person who commented on the application and any other persons as the Municipality may determine (see attached list). Proof of serving the notification must be submitted to the Municipality, within 14 days of serving the notification.
- 5.3. The notice must be served in accordance with section 35 of the said legislation and in accordance with the additional requirements as may be determined by the Municipality. The notice must invite persons to comment on the appeal within 21 days from date of notification of the appeal.
6. Kindly note that no appeal right exists in terms of Section 62 of the Local Government Municipal Systems Act, No 32 of 2000.

Yours faithfully



JC PIENAAR
MANAGER TOWN PLANNING: DEVELOPMENT SERVICES

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APPEAL FORM

(Section 79 of the Proposed Standard Draft By-law on Municipal Land Use Planning)

KINDLY NOTE: Please complete this form using BLOCK capitals and ticking the appropriate boxes. Append this form to your letter of appeal which must comply with section 80 of the Theewaterskloof Sstandard By-law on Municipal Land Use Planning.

PART A: APPEAL

| | | | |
|---|---|-----------------------------------|---|
| Are you appealing against the decision made by the authorised employee or Tribunal? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If Yes, indicate in Part E if the appeal is lodged against the whole decision or part thereof. If the latter applies provide a description of the part. |
| Are you appealing in respect of the failure of the authorised employee or Tribunal to make a decision within the period contemplated in section 57(1) or (2)? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If Yes, provide facts that prove the failure in Part E. |
| Are you appealing against the condition(s) of approval imposed by the authorised employee or Tribunal? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If Yes, list relevant condition(s) and provide a description in Part E. |
| Is your appeal based on and primarily concerned with the process followed prior to the authorised employee or Tribunal decision? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If Yes, specify in Part E. |
| Is your appeal based on and primarily concerned with the merits of the land development or land use application on which it is believed that the authorised employee or Tribunal erred in coming to the conclusion? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If Yes, specify in Part E. |
| Date of decision | <input type="text" value="DD/MM/YYYY"/> | Date receiving notice of decision | <input type="text" value="DD/MM/YYYY"/> |
| Who took the original decision? | <input checked="" type="checkbox"/> Authorised employee | <input type="checkbox"/> Tribunal | |

PART B: APPELLANT'S DETAILS

| | |
|---------------|----------------------|
| First name(s) | <input type="text"/> |
| Surname | <input type="text"/> |

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| | | | | | |
|--|--|-----|--|------|-------------|
| Company or legal person's name <i>(if applicable)</i> | | | | | |
| Postal address | | | | | Postal Code |
| | | | | | |
| Email | | | | | |
| Tel | | Fax | | Cell | |

PART C: APPELLANT'S PROPERTY DESCRIPTION *(Property that is affected by proposed development)*

| | | | | | |
|---|--|-----------|--|--|--|
| Number(s) of Erf/Erven/Portion(s) or Farm(s), allotment area. | | | | | |
| Physical Address | | | | | |
| GPS Coordinates | | Town/City | | | |

PART D: PROPERTY DESCRIPTION OF PROPOSED LAND DEVELOPMENT

| | | | | | |
|---|--|-----------|--|--|--|
| Number(s) of Erf/Erven/Portion(s) or Farm(s), allotment area. | | | | | |
| Physical Address | | | | | |
| GPS Coordinates | | Town/City | | | |

PART E: APPEAL MOTIVATION AND REASONS*

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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* Appeal motivation, information and reasons may be attached.

PART F: APPEAL FEE (for completion and use by official)

| | |
|---------------------------|----------|
| Appeal | R |
| TOTAL APPEAL FEES* | R |

* Appeal fees that are paid to the Municipality are non-refundable and proof of payment of the application fees must accompany the application.

BANKING DETAILS

Name:

Bank:

Branch no.:

Account no.:

Payment reference:

(If applicable)

PART G: ATTACHMENTS AND SUPPORTING INFORMATION AND DOCUMENTATION

Complete the following checklist and attach all the information and documentation relevant to the appeal.

| | | | | | |
|---|---|---|---|---|---|
| Y | N | Proof of payment of appeal fees (applicant) | Y | N | Proof of serving notice of appeal (applicant) |
| Y | N | Copy of decision and proof of notification | Y | N | Copy of conditions of approval |
| Y | N | Motivation and reasons for appeal | Y | N | Other (specify) |

SECTION H: DECLARATION

I hereby wish to confirm the following :

- That the information contained in this appeal form and accompanying documentation is complete and correct.
- I'm aware that it is an offense in terms of section 85(1)(e) of the said legislation to supply particulars,

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information or answers knowing the particulars, information or answers to be false, incorrect or misleading or not believing them to be correct.

Appellant's signature: _____

Date: _____

Full name: _____

FOR OFFICE USE ONLY

Date received:

Received by:

Municipal stamp

