

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: B/1043

Your Reference Number:

Enquiries: Sunet du Toit, 028 214 3300 / sunetdu@twk.org.za

Date: 23 October 2020

REGISTERED MAIL

S Phillips
Architect Assist
P O Box 143
Retreat
CAPE TOWN
7956

DECISION LETTER TO APPLICANT

Dear Mr/Mrs/Ms

APPLICATION FOR DEPARTURE: ERF 1043, BOT RIVER.

1. This Municipality's letter dated 28 October 2020, refers.
2. The Municipal Planning Tribunal, on 01 October 2020 **approved, in whole** the following **departure** applications, in terms of section 60 of Theewaterskloof Municipality: By-law on Municipal Land Use Planning, 2015:
 - 2.1. **Permanent Departure** from the prescribed western side building line (2,0m to 1,5m) on Erf 1043, Bot River;
 - 2.2. **Permanent Departure** from the prescribed southern street building line (3,0m to 2,5m) on Erf 1043, Bot River; and
 - 2.3. **Permanent Departure** from the prescribed western side building line (2,0m to 1,5m) on Erf 1043, Bot River;
3. **Reasons** for the above decision are as follows:
 - 3.1. The proposed departures are regarded as desirable.
 - 3.2. The proposed departures will have minimal impact on existing engineering services.
 - 3.3. The proposed departures are regarded as consistent with the objectives of the municipal SDF.
 - 3.4. The proposed departures are regarded as consistent with the objectives of the Provincial SDF.

- 3.5. The proposal is regarded as consistent with Section 58 of LUPA.
 - 3.6. The proposed departures are regarded as consistent with the provisions of the Theewaterskloof Municipality Zoning Scheme.
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. The approval is valid for 2 years, after the expiry of the period contemplated in Section 79(2), in terms of Section 18(2) of the Theewaterskloof Municipality: By-law on Municipal Land Use Planning(2015).
 - 4.2. Complete building plans be submitted to the Department: Town Planning and Building Control for approval, before any construction activities commence.
 - 4.3. All other development restrictions as determined in terms of the applicable zoning scheme remain in force.
 - 4.4. The approval does not exempt the applicant/developer from compliance with any other legislation.
 - 4.5. No structures or building be erected over any municipal infrastructure.
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 AND BUILDING CONTROL

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

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?	Y	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)?	Y	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?	Y	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?	Y	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?	Y	N	If Yes, specify in Part E.
Date of decision	DD/MM/YYYY	Date receiving notice of decision	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)	
Surname	

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

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*

--	--	--	--	--

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

* 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,

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

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