

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 checked="" type="checkbox"/>
			Tribunal

PART B: APPELLANT'S DETAILS

First name(s)	
Surname	

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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:

MunicipalStamp