



Midvaal Local Municipality  
PO Box 9, Meyerton, 1960  
Tel: 016 360 7400  
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www.midvaal.gov.za

Tel: (016) 360 7534 ■ Office hours for Building Inspectors: 07h30 – 09h00 and 15h00 – 16h00

**APPLICATION PRE-REQUISITES  
AUTHORIZATION FOR A PERMIT FOR DEMOLITION WORK**

Date: \_\_\_\_\_

A Complete Authorization for a permit for demolition work, application should consist of the following;

**Please confirm that the following information is attached to the application, only when applicable;**

- |                          |   |            |
|--------------------------|---|------------|
| <input type="checkbox"/> | Application Form  | -Attached  |
| <input type="checkbox"/> | Power of attorney   | -Attached  |
| <input type="checkbox"/> | Aerial Photo of 1km radius  | -Attached  |
| <input type="checkbox"/> | Photos of the structure/s to be demolished  | -Attached  |
| <input type="checkbox"/> | Bondholders Consent   | -Attached  |
|                          | Written Request of the applicant that contains the following;   | -Attached  |
| <input type="checkbox"/> | Motivational report & reason for demolition   | -Attached  |
| <input type="checkbox"/> | Method of Demolition  |            |
| <input type="checkbox"/> | Safeguarding procedures   |            |
| <input type="checkbox"/> | Control of dust, noise & working hours & Staff component  |            |
| <input type="checkbox"/> | Waste material on site  |            |
| <input type="checkbox"/> | Cleaning of site  |            |
| <input type="checkbox"/> | Any future development and intended use on site?  |            |
| <input type="checkbox"/> | Is the property affected by a flood line and/or located alongside a watercourse                             | - Checked  |
| <input type="checkbox"/> | Is the property affected by any existing and/or future Road reserves  | - Checked  |
| <input type="checkbox"/> | South African Heritage Resources Agency (SAHRA) Consent<br>(only in case of a building older than 60 years) | - Attached |
| <input type="checkbox"/> | Building to be demolished - Plan reference number;  | _____      |
| <input type="checkbox"/> | Rates & Taxes (Latest Account)  | -Attached  |

**For Office Use**

- |                          |                              |                 |
|--------------------------|------------------------------|-----------------|
| <input type="checkbox"/> | Stand Number & Area:         | _____           |
| <input type="checkbox"/> | Application Fee:             | R_____          |
| <input type="checkbox"/> | Receipt Number:              | _____           |
| <input type="checkbox"/> | Plan Examiner (016) 360 7562 | Signature _____ |