



Midvaal Local Municipality  
Contact Details  
PO Box 9, Meyerton, 1960  
Tel: 016-360-7400  
Fax: 016-360-7519  
[www.midvaal.gov.za](http://www.midvaal.gov.za)

# **WRITTEN/TEMPORARY CONSENT APPLICATION GUIDELINE**

## 1. Purpose

The procedure intends to highlight the process entailed in the submission of a written consent or temporary consent application and matters related thereto and all the relevant and required supporting documentation.

## 2. Background

The application must be submitted in terms of Clause 51 Midvaal Local Municipality Land Use Scheme 2017.

## 3. Definition

**“Temporary Consent”** - means the temporary consent provided by the municipality that is envisaged for the temporary use of a property for up to (6) months;

Provided that -

- (a) the erection and use of temporary buildings, or the use of existing buildings for site offices, storage rooms, workshops or such other uses as may be necessary during the erection of any permanent building or structure on the land; Provided that such consent shall ipso facto lapse upon completion of the permanent structure or on the expiry date thereof as determined by the municipality;
- (b) the occasional use of land or buildings for public religious exercises, place of instruction, institution, place of amusement or social hall;
- (c) the use of land or buildings thereon for State or Municipal purposes;
- (d) the use of land or the erection of buildings necessary for the purpose of informal retail trade; and
- (e) emergency relocation of residence in line with the executing of the municipal disaster management plan.
- (f) Extension for further 6 months.

## 4. Documentation required

A written consent / temporary consent application shall comply with the following procedures:

- 4.1. A letter:
  - Reflective of the proposed land use as permitted in the specific use zone,
  - Proof of letters to adjoining owners shall be dispatched as follows:
    - Hand delivery – as per form
    - Email – proof of delivery

Registered mail – remains applicant`s responsibility to provide proof of delivery.

- 4.2. Letters to affected neighbours shall include the following details:
- Submission date to the municipality;
  - Reflect the name, postal address, telephone number, fax number (where applicable) and e-mail address of the person submitting the application.
- 4.3. Comments or objections procedure:
- Shall be submitted to both the municipality and the agent/owner in within a period of fourteen (14) days from date of receipt of the letter.

**4.4. Proof of compliance with procedure**

4.4.1. Proof of compliance shall be accompanied by a written affidavit that must be submitted to the municipality prior to consideration of the application.

4.4.2. Proof of payment for application fee.

**5. Circulation**

- 5.1. The municipality shall forward all comments, objections and representations to the applicant within seven (7) days after the time period to submit any comments, objections or representations has expired.



Midvaal Local Municipality  
Contact Details  
PO Box 9, Meyerton, 1960  
Tel: 016-360-7400  
Fax: 016-360-7519  
[www.midvaal.gov.za](http://www.midvaal.gov.za)

# APPLICATION FORMS



Midvaal Local Municipality  
PO Box 9, Meyerton, 1960  
Tel: 016 360 7400  
Fax: 016 360 7519  
www.midvaal.gov.za

**APPLICATION FORM FOR WRITTEN CONSENT IN TERMS OF CLAUSE 51 OF THE MIDVAAL LAND USE SCHEME AS PROMULGATED IN TERMS OF SECTION 19(1) OF THE MIDVAAL MUNICIPAL SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAW**

*I (Agent/registered owner),*

\_\_\_\_\_

*(Name)*

*of* \_\_\_\_\_

*(Postal address)*

\_\_\_\_\_

*(Telephone, email address, cellphone)*

hereby apply on behalf of

\_\_\_\_\_ *(Name)*

the registered owner of the land, for special consent of the Council to use the land describe hereunder for the following purposes:

**1. DESCRIPTION OF LAND ACCORDING TO TITLE DEED**

Erf/Holding/Portion

\_\_\_\_\_

Town/Agricultural  
Holding/Farm

\_\_\_\_\_

Number and Name of Street/Road

\_\_\_\_\_

\_\_\_\_\_

**2. PROPOSED USE(S)**

---

---

---

---

(Please specify, e.g General Dealer Trading in Groceries; Nursery School; Second dwelling)

**REQUIRED DOCUMENTS**

Receipt of proof of payment of application fees		Covering Letter		Motivating Memorandum	
Power of Attorney		Company/Close Corporation/Trust resolution		Proof of Members of Company /Close Corporation/Trust	
Proof of Marital Status of the Owner		Bondholders Consent		Locality Plan	
Registered Title Deed and/or notarial deed		Zoning Certificate		List of adjoining owners	

EXAMPLE OF A POWER OF ATTORNEY

I/We,

..... ID No: ..... the undersigned, hereby  
nominate, constitute and appoint –

.....ID No: .....  
with the power of substitution to be my/our legal attorney(s) and agent(s) in my/our name,  
place and stead to apply for -

..... (type of application and property  
description)

at ..... The Midvaal Local  
Municipality and in general to do everything to effect the application and to do whatever I/we  
would do if I/we were present in person and acting in the matter; and I/we hereby ratify, allow  
and confirm, and promise and agree to ratify, allow and confirm everything and anything  
my/our attorney(s) and agent(s) may do or may permit to be done legally in terms of this  
power of attorney.

Signed at ..... on this ..... day of  
.....20..... in the presence of the undersigned witnesses.

AS WITNESSES:

1.....  
.....

2.....  
.....

.....  
Registered Owner

MLM: F/1

APPLICATION FORM WITH APPLICANT AND OWNER DETAILS

APPLICANT DETAILS			
Please indicate the type of applicant :			
Individual	<input type="checkbox"/>	Legal Entity / Other	<input type="checkbox"/>
Applicant Details: Individual			
Title			
Initial			
First Name(s)			
Surname			
Preferred Name			
ID Number			
Gender	Male	<input type="checkbox"/>	Female
		<input type="checkbox"/>	
Applicant Details: Legal Entity / Other			
Name			
Registration number			
Representative name			
Postal Details of Applicant			
Physical Address (Work)			
Address Line 1 (street no)			
Address Line 2 (street name)			
Township		Postal Code	
Specify City			
Physical Address (Home)			
Address Line 1 (street no)			
Address Line 2 (street name)			
Township		Postal Code	
Specify City			
Applicant Postal Address Details			
Postal Type	PO Box	<input type="checkbox"/>	Physical Address (Home)
	Private Bag	<input type="checkbox"/>	Physical Address ( Work)
Postal Number		<input type="checkbox"/>	<input type="checkbox"/>
Township		Postal Code	
Specify City			
Applicant Communication Details			
E-Mail Address			
Cell Phone			
Home Phone			
Work Phone			
Home fax			
Work fax			
Preferred Communication Type:	E-Mail	<input type="checkbox"/>	SMS (Text)
		<input type="checkbox"/>	<input type="checkbox"/>



OWNER DETAILS			
Please indicate the type of applicant :			
Individual	<input type="checkbox"/>	Legal Entity / Other	<input type="checkbox"/>
Owner Details : Individual			
Title			
Initials			
First name			
Surname			
Preferred name			
ID Number			
Gender	Male	<input type="checkbox"/>	Female
		<input type="checkbox"/>	
Owner Details: Legal Entity/other			
Name			
Registration number			
Representative name			
Postal Details of Owner			
Physical Address (Work)			
Address Line 1 (street no)			
Address Line 2 (street name)			
Township		Postal Code	
Specify City			
Physical Address (Home)			
Address Line 1(street no)			
Address Line 2 (street name)			
Township		Postal Code	
Specify City			
Owner Postal Address Details			
Postal Type	PO Box	<input type="checkbox"/>	Physical Address (Home)
	Private Bag	<input type="checkbox"/>	Physical Address ( Work)
		<input type="checkbox"/>	<input type="checkbox"/>
Postal Number			
Township		Postal Code	
City			
Communication Details			
E-Mail Address			
Cell Phone			
Home Phone			

Work Phone			
Home fax			
Work fax			
<b>Preferred Communication Type</b>	E-Mail		SMS
Details of Owner's / Marital Status	Not Applicable	Married in Community of Property	Married out of Community of Property
<b>FOR OFFICIAL USE</b>			
Receipt Amount			
Receipt Number			
Payment Date			
Application Form Date			

I, .....  
being the registered Owner / Applicant of the property/ties declare that the above information is correct and that the required documents are attached.

I hereby acknowledge that the Midvaal Local Municipality has the right to request additional information or documentation should it be deemed necessary to be able to make an informed decision.

I further hereby acknowledge that should not all the required documentation be submitted, the application shall not be considered.

SIGNATURE ..... DATE: .....

# PERMISSION SLIP

(To be completed by affected neighbour)

I \_\_\_\_\_, property owner  
of

Holding / Farm Portion / Erf \_\_\_\_\_ Township / Agricultural Holdings /

Farm: \_\_\_\_\_; hereby

Do not object

Object

To the proposed \_\_\_\_\_.

Comment/reason:

---

---

---

---

---

---

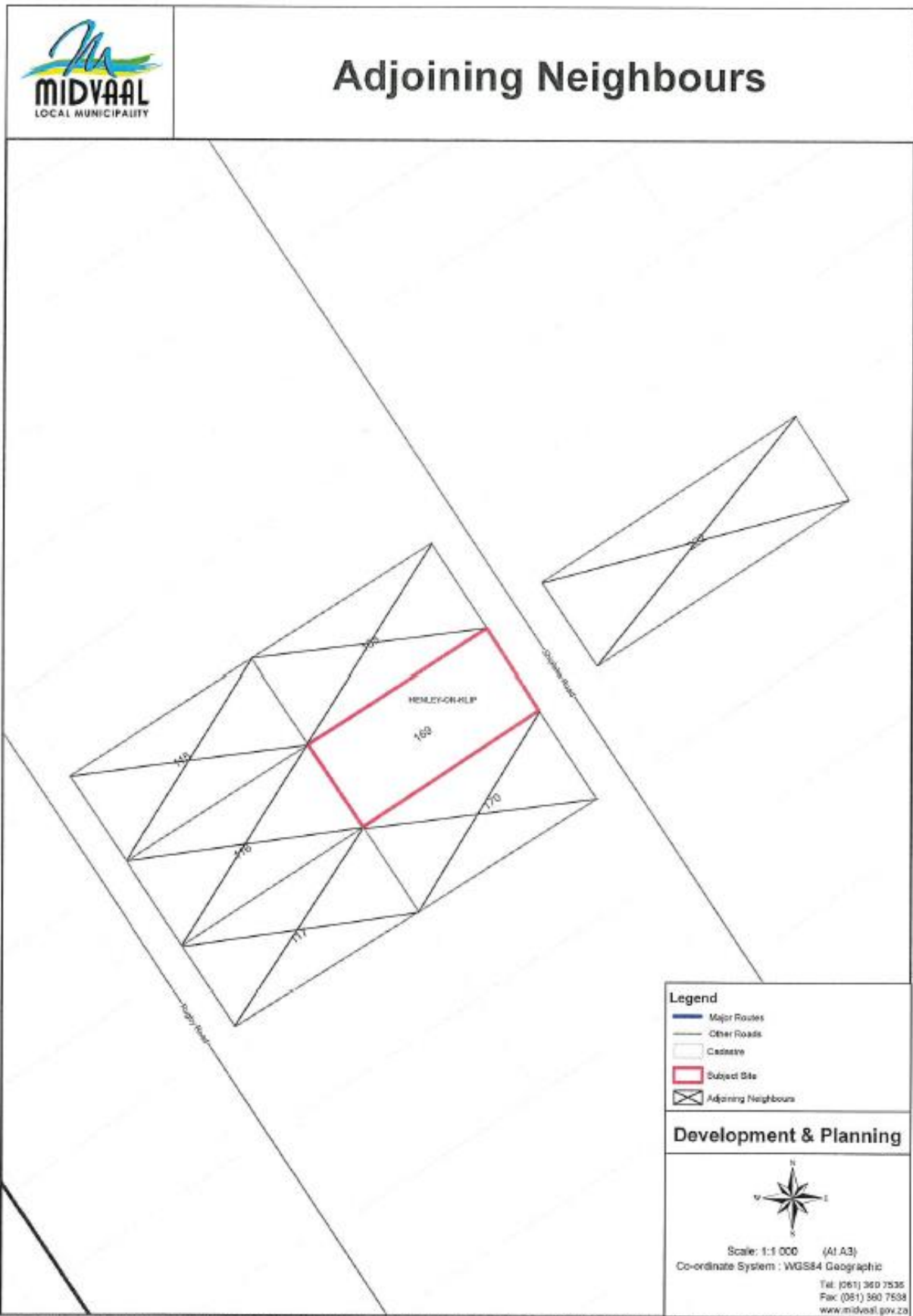
Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

# Example of adjoining owners



Disclaimer: The Midvaal Local Municipality is in no way responsible for the accuracy or completeness of data here presented. This notice is to advise all Midvaal Local Municipality ratepayers, investors, including loss of profits or consequential damages arising out of the use of information hereon.

**AFFIDAVIT**

In terms of Section 51(2)(b) of the Midvaal Land Use Scheme, 2017,

I/We \_\_\_\_\_

(Applicant)

the lawful property owner (s)/representative of the property owner (s), do hereby declare under Oath and confirm the following:

1. That the letters as prescribed in Section 51(2)(a) of the Midvaal Land Use Scheme, 2017, for a written consent application to permit a \_\_\_\_\_, on Erf/Farm/Holding \_\_\_\_\_ were dispatched to all the adjoining members affected by the proposed use.
2. That details provided on all permission slips are correct, and that the referred adjacent owners have been informed about the full details of the proposed application.

Signed \_\_\_\_\_ (signature of applicant)

on \_\_\_\_\_ at \_\_\_\_\_

I hereby certify that the deponent acknowledges that \*he/she was conversant with the contents of this statement and understood it, and that the deponent uttered the following words: "I swear that the contents of this statement are the truth and nothing but the truth, so help me God".

Commissioner of Oaths \_\_\_\_\_

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

Stamp: