SOUTH AFRICAN COUNCIL

Postal: PO Box 408, Bruma, 2026 Physical: 1st Floor, Lakeside Place, Cnr Ernest Oppenheimer and Queen Street, Bruma, Johannesburg Tel: +27 11 479 5000 | Fax: +27 11 479 5100

## ARCHITECTURAL COMPLIANCE CERTIFICATE (Interim IDoW Policy : Board Notice 154 of 2011)

This certificate is to be completed **in duplicate** and submitted by the Registered Person so identified by the Architectural Professions Act 44 of 2000, Section 26(4), as the authorised person responsible:

- 1. A company resolution in support of Item C (where required) and two copies of this Certificate, together with applicable drawings and
- documentation, must be submitted to the local authority concerned for approval to build
- 2. One completed copy of this Certificate, stamped by the local authority concerned, is to be retained by the Registered Person Complete or indicate with a cross where applicable

## A.1. PROJECT DETAILS

Authority:									
Stand no:			Township:						
Street address:									
Proposed project:									
A.2. PROJECT CLASSIFICA	TION AS PER SACAP	P REGULATION	IS FOR THE IDENTIFICATION	ON OF WORK SCHED	JLES				
SACAP Building				Code/s:					
Classification/s:				Coue/s.					
Complexity scale:	LOW		MEDIUM		HIGH				
A.3. SENSITIVITY SCALE									
Sensitivity scale:	LOW		MEDIUN	1	HIGH				
ENVIRONMENTAL	NOT	REQUIRED	National Heritage Site:	Year of					
Impact Assessment:	APPLICABLE	(Included)		Declaration:					
HERITAGE	NOT	REQUIRED	National Heritage	Year of	Year/s of				
Impact Assessment:	APPLICABLE	(Included)	Building:	Declaration:	construction:				
SOCIAL	NOT	REQUIRED	All other buildings:	Year/s of					
Impact Assessment:	APPLICABLE	(Included)		construction:					
B. REGISTERED PERSON AUTHORISED IN TERMS OF ARCHITECTURAL PROFESSIONS ACT 44 OF 2000, Sections 18, 26(3) & 26(4)									
Registered Person:									
Registration No:		Profes	ssional title: PrArch	PrSArchT PrArch	nT PrArchDraught				
Architectural Practice:									
Postal address:					Code:				
Physical address:					Code:				
Telephone:	[ ]	-	l address:						
Facsimile:	[ ]	Mobile	e phone: [ ]						

#### SIGNED

### (Professional Registered Person who certifies that the above information is true and correct)

#### C. PROPERTY OWNER/AUTHORISED AGENT

Name:	CC/Tr					ust,etc No:	
Postal address:					Code:		
Physical address:					Code:		
Telephone:	[ ]	E-mail address:					
Facsimile:	[ ]	Mobile phone:	[ ]				

#### SIGNED \_

(Property Owner/Authorised Agent)

# D. LOCAL AUTHORITY

AUTHORITY STAMP

This certificate serves only to confirm compliance by the Registered Person in terms of the Architectural Professions Act 44 of 2000, with Sections 26(3) and 26(4) regarding competency to perform the architectural work identified in their registration conditions for the specified project in this certificate, and does not in any way imply compliance or approval of any other regulations, standards or conditions of or by any authority concerned.

DATE

DATE

DATE