

DATE

South African Council for the Architectural Profession 51 Wessel Road, Right Wing,

Rivonia, Sandton, 2128, P.O. Box 1500, Rivonia, 2128. Tel: 011 479 5000 Fax: 011 479 5100

## www.sacapsa.com

## 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 D	DETAIL	.s										
Authority:												
Stand no:						Township:						
Street address:						•						
Proposed project:												
A 2 PROJECT C	CLASSI	IFICAT	ION AS PER SAC	AP REGU	II ATIONS	S FOR THE IDE	NTIFICATION (	OF WORK SCHED	ULFS			
SACAP Building		The man was a serie of the man and the man				JI OK IIIE IDE	VIII IOATION		<u> </u>			
Classification/s:								Code/s:				
Complexity scale:		LOW			MED			UM		HIGH		
A.3. SENSITIVIT	TV 604	NE.							J			
Sensitivity scale:	11304	LOW			MEDIU			М		HIGH		
ENVIRONMENTAL		I NOT APPLICABLE 1		REQUI	UIRED National H			Year of				
Impact Assessment: HERITAGE		(Include		eu)			Declaration: Year of		Year/s of			
Impact Assessment:	NOT APPLICABLE (II		(Includ	led)	Building:		Declaration:			nstruction:		
SOCIAL Impact Assessment:		NOT APPLICABLE REQUI			All other buil	ldings:	Year/s of construction:					
B. REGISTERED PE	ERSON	N AUTI	ORISED IN TERI	MS OF AF	RCHITEC	TURAL PROFES	SSIONS ACT 4	4 OF 2000, Sect	ions 18. 26	6(3) & 26(4	4)	
Registered Person:								,		-(-)(	-7	
Registration No:					Profes	sional title:	PrArch	PrSArchT	Р	rArchT	PrArch	Draught
Architectural Practice:					•			<b>'</b>	•		1	
Postal address:										Code:		
Physical address:										Code:		
Telephone:		[ ] E-mai		E-mail	address:							
Facsimile:		[	]		Mobile	phone:	[ ]					
I,and on behalf of the Archite local authority with such dra also hereby confirm that the project is not in variance warchitectural Profession.	awing he pro	s, deta ject cl	ails and particula assification and	rs as it m site clas	oted the nay requi sification	appointment a re in terms of t n information p	and hereby ur he National E provided abov he Code of Pi	Building Regulation We is correct in all Professional Condu	ot responsib ns for appr l aspects, a	oility for pro roval to bui and that m	oviding the res ld. I, the under y appointment	spective rsigned, t to this
SIGNED (Professional Re	egiste	red Pe	erson who certifie	es that th	e above	 information is		\TE rect)				
C. PROPERTY OWN	_											
Name:									CC/Trust	t,etc No:		
Postal address:									•	Code:		
Physical address:									•	Code:		
Telephone:	[	]			E-mail	address:						
Facsimile:	[	]			Mobile	phone:	[ ]					
LOCAL AUTHORITY	for the	e Archi	tectural Practice  Authorised Ager	e as abov		egistered Person e proposed pro	on in terms of oject detailed DA ate serves on	herewith to obtai	I Profession approval	ns Act No to build fr	44 of 2000, a om the local a ered Person ir	nd duly uthority
						regarding co registration	ompetency to conditions fo	ssions Act 44 of a perform the arch r the specified pr e or approval of a	itectural w oject in this	ork identif s certificat	ied in their e, and does no	,

conditions of or by any authority concerned.