

## REGULATION A23 – APPLICATION FORM FOR THE ERECTION OF A TEMPORARY STRUCTURE

TENT  STAND/STAGE  OTHER STRUCTURES  Erf Number

Description of other

I, the undersigned, hereby apply for permission to erect a Tent/Structure/Exhibition Stalls and/or Temporary Seating Stand/Stage in accordance with the particulars given below and the plans attached hereto:

### DETAILS OF THE APPLICANT (Person in Charge/Event Organiser/Owner)

Full name

Postal address

Signature

Telephone number  Fax number

Email address

### DETAILS OF THE OWNER OF THE PROPERTY (if different from the applicant)

Full name

Postal address

Signature

(If this is not the property owner's signature, please attach a Power of Attorney or authority from the owner)

Telephone number  Fax number

Email address

### DETAILS OF THE PREMISES ON WHICH THE TENT/STRUCTURE/EXHIBITION STALLS AND/OR TEMPORARY SEATING STAND/STAGE IS TO BE ERECTED

Address of premises

Erf number

### DETAILS OF THE PROPOSAL

Is this a private event/function?

Size (m<sup>2</sup>) and dimensions of Tent/Stand/Structure and the seating capacity, if any

Use of tent or structure

Date / duration of use of facility

to

Will the event occur during the hours of darkness? (If so, illuminated 'EXIT' signs and emergency lighting and standby power must be provided.)

Are there cooking facilities? (If so, provide details, including washing-up details.)

Is there an electrical power supply? (If so, a Compliance Certificate is required.)

#### CHECKLIST OF PLANS/DOCUMENTS ATTACHED BY APPLICANT

	Attached	Not Attached
Letter of consent from of registered owner of property/ leasee of property	<input type="checkbox"/>	<input type="checkbox"/>
Site plan (minimum scale 1:200) (See notes below.)	<input type="checkbox"/>	<input type="checkbox"/>
Drawings showing structural detail	<input type="checkbox"/>	<input type="checkbox"/>
Competent Person's appointment form	<input type="checkbox"/>	<input type="checkbox"/>
Fire Brigade access indicated	<input type="checkbox"/>	<input type="checkbox"/>
Details of any gas installation	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities indicated, and anticipated peak population	<input type="checkbox"/>	<input type="checkbox"/>

I,

(Name of applicant/Person in charge/Event organiser/ Owner)

declare that to my knowledge the above information is correct.

Signature:

Date:

#### ENQUIRIES

*Please divert your written enquiries via email to [bchelpdesk@sbm.gov.za](mailto:bchelpdesk@sbm.gov.za) ;*

*For telephonic enquiries, please use the following extensions,  
(022) 701 7002 / 6877 / 6879.*

