



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Cape Town Events Permit Office

10th Floor, Tower Block, Civic Centre, Hertzog Boulevard, Cape Town, 8000
P O Box 16548 , Vlaeberg, 8018, South Africa
Tel : +27 21 417 4035; Fax : +27 86 576 1580
Email: Events.permit@capetown.gov.za

EO		
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Form - 01

APPLICATION TO HOST AN EVENT IN CAPE TOWN

*PLEASE NOTE THAT ALL FIELDS WITH AN ASTERIX *ARE COMPULSORY FIELDS*

* NAME OF EVENT: _____

* EVENT VENUE (Name & full address) _____

* ERF No : # _____

* DATE/S OF PROPOSED EVENT : _____

SET-UP: _____ STRIKE DOWN _____

* TIMES OF EVENT (FOR EACH DAY) : _____

* SIZE OF EVENT: Please Tick The Relevant Box Participants & Spectators

Small	200 – 2000	
Medium	2001 – 5000	
Large	5001 – 10 000	
Very Large	10 001 + above	

* NUMBER OF SPECTATORS : _____

(NB. Specify for each event day)

* NUMBER OF PARTICIPANTS: _____

(NB. Specify for each event day)

* EVENT ORGANISER/RESPONSIBLE PERSON: _____

* PERSON MAKING THE APPLICATION (if not Event Organiser) : _____

* COMPANY/ ORGANISATION NAME : _____

* DESIGNATION : _____ * TEL: _____ * CELL: _____

* EMAIL : _____ FAX: _____

* TYPE OF EVENT: PLEASE TICK THE RELEVANT BOX

Sports/Action		Launch/ Exhibition	
Concert/Music Festival		Corporate/Private Party	
Charity Fundraiser/Run/Walk		Night Market /Switch on of Festive Lights	
Carnival		Religious Festival/ Event	
Fete, School Carnival etc.		Cultural/Minstrel Events	
Weddings/ Birthdays, etc.		Fireworks/ Pyrotechnic Displays	
Ceremonial Event/Annual ritual		CCT Corporate Event	
Market (Occasional)			
Other – Please Specify:			

BRIEF DESCRIPTION OF EVENT: (PLEASE ATTACH ADDITIONAL DOCUMENTS AS PER CITY'S EVENTS PACK)

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* WARDS/Sub-Councils impacted by event:

(NB. If event includes a celebratory march or procession, complete Form 01 - Annexure A)

*** EVENT REQUIREMENTS: * 1-9 = Compulsory Fields – must be completed!**

1. **ROAD CLOSURES REQUIRED?** : NO YES IF YES, PLEASE PROVIDE DETAILS.
• ROADS : _____
• SECTION OF ROAD(S) : _____
• TIMES: _____

2. **TRAFFIC CONTROL REQUIRED?** NO YES if yes please provide details
• SECTION OF ROAD(S) : _____
• TIMES: _____

NB. Depending on the extent of the Road Closures and/or Traffic impact a detailed Transportation Management Plan may be required.

3. **AMPLIFIED SOUND/PA SYSTEM?** NO YES Kindly complete Application for Noise Exemption form (form 03)
DETAILS: _____

4. **STRUCTURES / MARQUEES / TENTS?** NO YES If yes please provide details and complete erection of temporary structure form (form 05)

5. **GROUND DISTURBANCE** (e.g. driving pegs, spikes, marquee/stage anchors, , earthing rods, etc. into the ground)
NO YES If yes, please apply for way-leave from Electricity Department: (Area: North - 021 5063949, South - 021 7635650, East - 021 9187029)

6. **VENDING/CATERING / FOOD STALLS:** NO YES NUMBER OF FOOD STALLS: _____
NB. Certificates Of Acceptability are required for foodstalls

• LP GAS USAGE: NO YES IF YES PLEASE PROVIDE DETAILS
DETAILS: _____

7. **ALCOHOL SALES/CONSUMPTION:** NO YES IF YES please provide copy of Liquor License
Alcohol Sale/Consumption Hours : From To:.....

The granting of an Event Permit by the City of Cape Town does not authorize the sale/consumption of alcohol. A separate application must be made to the Liquor Licensing Tribunal of the Western Cape Liquor Authority.

8. **PUBLIC LIABILITY INSURANCE?** NO YES If Yes, Please Provide Proof/Details

9. **OTHER CITY SERVICES REQUIRED:** NB: Provision of City Services may be charged as per applicable tariff/s.

• ELECTRICITY? NO YES If yes please provide details
DETAILS : _____

• WATER? NO YES if yes please provide details
DETAILS : _____

• WASTE REMOVAL? NO YES if yes please provide details
DETAILS : _____

• Any other requirements _____

SIGNATURE : _____ **APPLICATION DATE :** _____

PLEASE NOTE:

Submission of this application does not mean the City has approved your event. Please liaise with the Events Permit Office regarding the approval process and any additional information required. Your Event may only proceed once the City formally gives approval and a permit is issued.



Terence Isaacs

Head: Film & Events Permitting

T: +27 21 417 4022 F: +27 86 576 0617

E: Film.permits@cpetown.gov.za

E: Events.permit@cpetown.gov.za

INDEMNITY FORM :

I, (print full name)
ID No. in my capacity as (designation)
of (full name of institution/company) being duly
authorised hereto on behalf of the aforementioned institution with regard to
....., (state purpose/event)

with full knowledge of such declaration, declare as follows:

- 1. The Company hereby indemnifies and holds the City, its directors, agents and servants harmless against:
a. any damage to the City's property, whether movable or immovable, including any consequential damage or loss directly or indirectly flowing from physical damage to such property or any act or omission on the part of the Company, its servants or agents;
b. liability in respect of any claims which may be lodged or instituted against the City arising out of damage to the property, whether movable or immovable, of any third parties, including any consequential damage directly or indirectly flowing from physical damage to such property;
c. liability in respect of the death or injury to any person, including a servant of the City, and any consequential damage or loss flowing therefrom; and
d. any legal cost or expenses reasonably incurred in connection with claims or actions arising out of the foregoing, whenever the damage, loss, injury or death contemplated in (a),(b),or (c) above is due to or arises out of, whether directly or indirectly, the event or activities specified above.
2. In addition, the Company shall have no claims against the City in the event of it being under-insured or should their claims being repudiated.
3. It is specifically recorded that this indemnity conferred upon the City shall not extend to damage, loss, injury or death which is predominantly due to the misconduct or gross negligence of the City or of any servant of the City acting within the course and scope of his or her employment.

Signed on this day of 20....., at (place)

..... SIGNATURE DATE

WITNESSES: SIGNATURE DATE

..... SIGNATURE DATE



CITY OF CAPE TOWN HEALTH DEPARTMENT

NOISE EXEMPTION APPLICATION IN TERMS OF REGULATION 12 OF THE NOISE CONTROL REGULATIONS P.N. 200/2013 MADE UNDER SECTION 25 OF THE ENVIRONMENT CONSERVATION ACT, 1989 (ACT 73 OF 1989).

1. Name of owner/manager of the business/premises: _____

2. Name of Company or Organisation (if applicable): _____

3. Applicant: _____ Phone No: _____

Fax No: _____

Email _____

4. Name of Event _____

Event location: _____

5. Date of event: _____ Times of event:
Start _____ Stop _____

6. Sound checks (if any): Date: _____ Start and end times: _____

7. Responsible Person _____ Cell
Phone
No: _____

8. Noise source (eg. live band, D.J., microphone,
construction equipment, etc): _____

9. Is event: Indoor Outdoor Number of guests:

10. Existing and/or proposed measures in place or to
be adopted to limit the noise at source. _____

Signature of Applicant: _____ Date: _____

Complete this portion of the application if your event is in or near a residential area.. **ALL** surrounding residents that are likely to be impacted by the noise, are to **SIGN** the application below and indicate if they AGREE or DISAGREE with the issuance of a Noise Exemption for the specified event. Council reserves the right to request additional measures should this be deemed necessary.

Event Description		Day of Week	Date	_____ to _____ Time of event
Name	Address	Phone	Agree or Disagree	Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the above signatures are valid and that they represent **ALL** affected properties..

Signature of Applicant

Date

The following documentation must be submitted with this application:-

1. A site plan indicating the following
 - 1.1 Surrounding residential premises,
 - 1.2 The position of the possible noise sources
 - 1.3 The direction of the possible noise sources
 - 1.4 Distances from noise sources to surrounding residential premises.
 - 1.5 Positions of possible standby generators
2. A letter of consent from the owner/body corporate and that he/she/they are aware of the proposal.
3. Written comment from the Local Ward Councilor regarding the noise exemption being issued.
4. Written comment from the Local Rate Payers Association regarding the noise exemption being issued.

The Head: Environmental Health Practitioner for that specific sub-district reserves the right to ask for further requirements before issuing a Noise Exemption.

An application would be considered incomplete if any of the above requirements are not completed or attached to the application and will **not** be processed.

A fully completed application must be submitted to Council at least 15 (fifteen) working days prior to the commencement of the event. Failing this the application shall not be processed.

It must be noted that the exemption shall not take effect before the applicant has undertaken in writing to comply with all conditions imposed by a local authority. If activities commence before the undertaking has been submitted to the local authority concerned, the exemption shall lapse.

The Events Office must receive the signed Noise Exemption at least 3 (three) working days prior to the event. Failing this the exemption shall lapse.

PENALTIES

In addition, it must be noted that any person who contravenes or fails to comply with a provision of these regulations shall be guilty of an offence and liable on conviction to a fine or imprisonment for a period not exceeding two years, or to both such fine and such imprisonment.



**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES
IN THE CITY OF CAPE TOWN**

A. PERSON IN CHARGE:

Details of the person in whose name the certificate of acceptability must be issued.

SURNAME		
FIRST NAME (S)		
I.D. / Passport Number		
	Copy of RSA identification document attached.	
	Copy of valid passport attached, if applicable.	
	Copy of Resident documentation attached, if an immigrant.	
	Copy of the Company / Close Corporation Registration Certificate indicating all Directors / members and addresses attached, if applicable.	
Postal address		
Residential address		
Tel No: Business		
Tel No: Residential		
Cell No:		
E-mail:		

B. PARTICULARS OF FOOD PREMISES / OWNER OF VEHICLE:

Name of Food Premises / Business / Trading Name (if any)		
Physical Address (Food Premises)	Building Name (if applicable)	
	Shop Number (if applicable)	
	Floor level (if applicable)	
	Street Name and Number	
	Suburb	
	Erf Number (if applicable)	
Type	Formal	Informal
Postal Address (Food Premises)		
Physical Address (in the case of a business solely in the business of transporting perishable food on behalf of someone else)		
Postal Address (in the case of a business solely in the business of transporting perishable food on behalf of someone else)		

Vehicle(s) to be used for the transporting of Perishable / Prepacked Foodstuffs [Regulation 3(1)(a) and 14(6)(a)]	Registration Number Registration Number Registration Number	
Type of Food Premises (e.g. building, vehicle, stall) [Regulation 3(1)(a)]		
Webpage, if applicable		
GPS Co-ordinates, if available		

If the following are not situated on the food premises, note the address or describe the location thereof:

	Erf No.	Address
Sanitary (toilet) facilities		
Cleaning facilities (wash basins for facilities)		
Hand washing facilities		
Storage facilities for food/facilities		
Preparation premises:		

C. FOOD CATEGORY:

List and describe the food items or nature or type of food involved:

D. QUANTITIES OF FOOD TO BE HANDLED:

Indicate envisaged production output or number of persons to be catered for:

E. NATURE OF HANDLING:

List and describe what your activities will entail (e. g. preparation or packing and processing):

F. STAFF:

Number of persons employed or to be employed:

Males		Females		Total	

G. PARTICULARS OF EXEMPTION BEING APPLIED FOR: [Regulation 14(1)]

H. PLAN OF PREMISES: [Where applicable]

Attached to this application, a lay out plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.

Civic Centre IZiko leeNkonzo zoLuntu Burgersentrum
12 Hertzog Boulevard Cape Town 8001 PO Box 298 Cape Town 8000
www.capetown.gov.za

I. PARTICULARS OF APPLICANT: (If not also the person in charge)

NAME		
CAPACITY (e.g. owner, managing director, manager)		
I.D. / Passport Number		
	Copy of RSA identification document attached.	
	Copy of valid passport attached, if applicable.	
	Copy of Resident documentation attached, if an immigrant.	
	Copy of the Company / Close Corporation Registration Certificate indicating all Directors / members and addresses attached, if applicable.	
Postal address		
Residential address		
Tel No: Business		
Cell No:		
E-mail:		

J. DECLARATION:

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)(c)].

The evaluation and the issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health Practitioner.

Should conditions change as set out in Regulations 3 (5) - (10), I am bound to re -apply for the premises to be re- evaluated for acceptability under these Regulations.

Date of application:

Signature of person in charge:

Signature of owner (if not person in charge):

FOR OFFICIAL USE ONLY

APPROVED:

DATE:

CERTIFICATE NO.:

Civic Centre IZiko leeNkonzo zoLuntu Burgersentrum
 12 Hertzog Boulevard Cape Town 8001 PO Box 298 Cape Town 8000
www.capetown.gov.za



**SOLID WASTE MANAGEMENT
FORM: EVENT WASTE MANAGEMENT PLAN**
(To be submitted to Solid Waste Management at least 21 days prior to the event.
Approval can only be given for an event once this plan is signed off by
Solid Waste Management.)
ALL SECTIONS/QUESTIONS NEED TO BE COMPLETED IN FULL¹

SECTION 1: GENERAL INFORMATION

Name of organisation /NPO:

Name of person responsible:

Municipal account number/cost centre:

Tel: Cell:

Fax: E-mail:

Postal address: Postal code:

Name of event:

Event description:

Date(s) of event: Start date: End date:

Duration: Start time: Finish time:

Venue name:

Venue street address: (Incl. suburb):

Venue type	Sports ground	Public property	Open field	Private property	Other	Specify:
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Estimated number of people attending event:

SECTION 2: CLEANING OF VENUE AND SURROUNDINGS Note: Should the event impact on public areas, such as roads and sidewalks around the venue, a plan must be attached to this form, describing how you will ensure the area is clean and litter-free after the event.

2.1 Cleaning of the venue (please complete A or B plus C)

A: Private property

Have arrangements been made with the venue owner for cleaning inside the property perimeters? Y/N

(If yes, give details)

B: Open public property

Has provision been made for cleaning this property? Y/N

(If yes, give details)

C: Service provider details (for A or B above)

Have you contracted an accredited cleaning service provider? (If yes, complete details below) Y/N

Name of service provider:

Contact details:

Accreditation number:

2.2 Cleaning of the venue surroundings

Have you made provision for off-street parking for attendees of your event? Y/N

What cleaning services have you arranged for the area where people will be parking, so as to ensure clean surroundings (50 m - 100 m radius surrounding venue) once event is finished? (Please complete details below.)

(Give details of company hired, number of labourers, method of transport and disposal of waste, etc.
Note: A landfill receipt must be submitted to Solid Waste Management as proof.)

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SECTION 3: WASTE COLLECTION AND RECYCLING

3.1 Have you contracted an accredited waste collection service provider²? (If yes, complete details below.) Y/N

Name of service provider:

Contact details:

Accreditation number:

(If no, the City of Cape Town offers 240 ℓ refuse bin hire and servicing to event organisers. Complete details below.)

Number of refuse bins required:

Date(s) for refuse bins to be serviced (please include all details below):

Date for refuse bins to be delivered:

Date for refuse bins to be retrieved:

3.2 Have you contracted a recycling service provider³? (If yes, complete details below) Y/N

Name of service provider:

Contact details:

Accreditation number:

(If no, the City of Cape Town offers 240 ℓ recycling bin hire to event organisers. Complete details below.)

Would you require recycling bins to be provided? Y/N

If yes, number of recycling bins required:

Date for recycling bins to be delivered:

Date for recycling bins to be retrieved:

3.3 Please indicate when cleaning and removal of waste will be completed after the event⁴.

Date:

Time:

Note: Upon approval of section 2 and 3 of the Waste Management Plan, the applicant will be provided with quotations for (i) cleaning services and (ii) refuse bin hire and servicing and/or the recycling bin hire, where applicable, should Council services be required. Approval to hold the event will, inter alia, depend on acceptance of the quotations and payment being made prior to the event. Where events organisers either use private companies or their own labour, Solid Waste Management will still levy a charge for inspection after the event. Should cleaning not be done at an acceptable level, the Solid Waste Department will clean up and charge the event organiser for the services. The City does not provide a recycling bin service. An accredited recycling service provider should service the recycling bins.

SECTION 4: AUTHORISATION

For office use: Solid Waste Management

Head: Events Management:

Date:

Approved:

Not approved:

Comments:

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¹ If your application is incomplete it will be considered as INSUFFICIENT INFORMATION and your Waste Management Plan will not be approved.
² This may be same service provider as the cleaning service provider.
³ This may be same service provider as the cleaning or waste collection service provider.
⁴ It is expected that all public areas affected by the event be clean and litter free by 06:00 the morning after the event.

A. Population Certificate Application

For official use only											
Permanent / Temporary (Delete which is not applicable)											
Application No. _____											
File No. _____											
Population Certificate Application											
Application for a Population Certificate is made in terms of Section 21 (1) of the Community Fire Safety By-law.											
Name of applicant:		Telephone No.									
		Cell No.									
Name of business:		Telephone No.									
		Cell No.									
Type of business, e.g. bar, nightclub etc:											
Erf No:											
On what floor of the building is the venue situated i.e. ground, 1 st etc?											
Street address:											
Suburb:		Code									
Details of Premises											
How many floors does the building have?		How many floors are occupied by the venue for which this application is being made?									
Square metres of usable area per floor of venue Indicate a separate square meterage for each floor occupied by the venue in the blocks below		Expected Population									
		Number of exits per floor									
		Indicate exits per floor separately in the blocks below									
Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()	Floor ()
<p>The controlling authority may refuse to issue the certificate applied for if the premises do not comply with the requirements of the National Building Regulations.</p> <p>The controlling authority may prescribe any additional conditions deemed necessary to render the premises safe prior to the issuing of the certificate.</p> <p>The certificate is valid only for the premises for which it is issued and is not transferable.</p> <p>If the occupancy or ownership of the premises change, the owner or person in charge must apply for a new certificate.</p>											
Signature of applicant											
Print Name											
Date											
Address											
For Controlling Authority: (Signature)											
Print Name											
Date											
A certificate fee of R _____ is payable to THE CITY OF CAPE TOWN in respect of this application and the subsequent inspection.											



Form 07

APPLICATION FOR THE ERECTION OF A TEMPORARY STRUCTURE IN TERMS OF NATIONAL BUILDING REGULATION A23 AND THE COMMUNITY FIRE SAFETY BY-LAW:

TENT STAND/STAGE EXHIBITION/STALL

Name of Applicant
(Person in Charge/Event Organiser/Owner)

Event Address

Erf No

**OFFICE USE ONLY:
APPLICATION DETAILS:**

- 1. Application No
- 2. Receipt No
- 3. Has all required information been furnished?

DEPARTMENTAL CLEARANCES REQUIRED FOR SCRUTINY PURPOSES

CHIEF OF FIRE AND EMERGENCY SERVICES	BUILDING DEVELOPMENT MANAGEMENT	OTHER

City of Cape Town
Building Development Management

Approved:
(Subject to the attached conditions)

For Director:
Planning and Building Development Management

Approval period:

Lapse date:

APPLICATION TO ERECT A TENT/EXHIBITION STALLS AND/OR TEMPORARY SEATING STAND/STAGE IN TERMS OF SECTION 4(2) OF ACT NO 103 OF 1977 AND BY-LAW 11257 RELATING TO COMMUNITY FIRE SAFETY AND ANY AMENDMENTS THERETO.

I, the undersigned, hereby apply for permission to erect a Tent/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/EXHIBITION STALLS AND/OR TEMPORARY SEATING STAND/STAGE IS TO BE ERECTED

Address of premises

Erf number

4. DETAILS OF THE PROPOSAL

Indicate what the application is for: TENT STAND/STAGE EXHIBITION/STALL

Is this a private event/function? Y N

Size (m²) and dimensions of Tent/Stand and the seating capacity

CITY OF CAPE TOWN: BUILDING DEVELOPMENT MANAGEMENT

**NATIONAL BUILDING REGULATIONS
APPOINTMENT FORM FOR REGISTERED PERSON**

Form – 08

To: **BUILDING CONTROL OFFICER** Plan/Card/Erf No.: _____

CITY OF CAPE TOWN / TYGERBERG and BLAAUWBERG / OOSTENBERG / HELDERBERG / SOUTH PENINSULA MUNICIPALITIES

Description of project: _____

*Erf/Holding/Portion No: _____

*Township/Agriculture Holding/Farm Name: _____

Street Address: _____

SECTION 1 : DECLARATION BY OWNER(S)

*I/We _____
(Name of Owner)

of _____

Tel. No.: _____ hereby confirm that I/We have appointed _____
(Name of appointed person)

in terms of Regulations * A19(1)/A19(2) as the Registered Person for the work, duties and responsibilities set out over, and * I/We understand and accept that the onus is on * me/us to:

- (1) inform the Registered Person when the work is due to start on site, and
- (2) notify the local authority in writing should the appointment be terminated before the work for which this person was appointed is completed, and if considered necessary by the local authority to make another appointment.

Signature of Owner(s): _____ Date: _____

SECTION 2 : UNDERTAKING BY REGISTERED PERSON

I, _____
(Name in Block Letters)

of _____
(Address in Block Letters)

Tel. No.: _____ Fax. No.: _____

undertake and accept full responsibility for :-

- (1) the rational design in respect of the above project for the applicable work described over, and for inspection of the work during construction/installation at intervals in accordance with accepted professional practice to check compliance with the approved design;
- (2) providing the local authority with such drawings, details and particulars as are and may be required by these regulations;
- (3) providing the local authority with a full list of my academic qualifications and relevant experience when called upon to do so in terms of Regulation A19(3).
- (4) notify the local authority in writing should:
 - (1) it appear that any work is being carried out in a manner which may endanger the strength, stability and serviceability of the building or any adjoining building, structure or property.
 - (2) my appointment be terminated before the work which I was appointed is complete, and
- (5) submitting to the local authority on completion of the work contemplated in Section 4(b) and (i), a certificate in terms of Section 14(2A) of the National Building Regulation and Building Standard Act, No. 103 (1977).

Signature

Professional Registration Number

Date

* Delete where inapplicable

PTO

SECTION 3 : DESCRIPTION OF APPLICABLE WORK

	Description of applicable work	Regulation No(s)	Signatures
(a)	Precautionary measures to ensure the stability of an excavation, adjoining property, etc	G1	Registered Person:
			Owner:
(b)	*Structural System including Support by Existing Building and fire stability	B1 & A1 (3)	Registered Person:
			Owner:
(c)	*Structural System including but not limited to the following: (reinforced concrete foundations, slabs, staircases, bases, beams, columns, retaining walls, slabs), fire stability and any other related items	B1	Registered Person:
			Owner:
(d)	*Structural System including but not limited to the following: (timber dwelling, truss/rafters roofs, beams, floor joist/boards and stanchions), fire stability and any other related items	B1	Registered Person:
			Owner:
(e)	Artificial Ventilation System	O4	Registered Person:
			Owner:
(f)	Drainage Installation	P2	Registered Person:
			Owner:
(g)	Stormwater Disposal System	R1	Registered Person:
			Owner:
(h)	Fire Protection System	T1	Registered Person:
			Owner:
(i)	Fire Installation System	W4	Registered Person:
			Owner:
(j)	Building on Unstable Ground	P3(2) & F3(3)	Registered Person:
			Owner:
(k)	Structural system - Temporary Building with Public Access	A23(4)	Registered Person:
			Owner:
(l)	Any other relevant items in terms of the NBR and the Building Standards Act 1977 (Act 103 of 1977)		Registered Person:
			Owner:

SECTION 4 : INFORMATION OF REGISTERED PERSON

1) Details of Professional Registration with ECSA :

Registered as	Registration Number

* Delete where inapplicable

Use of Tent

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		
Site plan (minimum scale 1:200) (See notes below.)		
Drawings showing structural detail		
Competent Person's appointment form		
Fire Brigade access indicated		
Details of any gas installation		
Toilet facilities indicated, and anticipated peak population		

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

declare that to my knowledge the above information is correct.

Signature:

Date:

Important Notes:

1. The erection of any Temporary Seating Stand accommodating more than 110 people will require the appointment of a Competent Person.
2. The erection of a Tent that will accommodate more than 110 people will require the appointment of a Competent Person.
3. The site and layout plans (two copies required) must indicate the street address, the position of all proposed structures, the positions of tables / chairs / stage, the fire escapes and fire equipment, and details of the materials to be used in the construction of stalls.
4. Where the population of any tent exceeds 25 persons, at least two escape exits are required.
5. Seating, aisles and escape routes are to comply with SANS 10400 – 4.49.
6. For Temporary Seating Stands the requirements of SANS 1169 and SANS 10400 must be fully complied with in all respects. Where there are discrepancies or ambiguities between the two documents, the requirements of SANS 10400 take precedent. The recommendations contained in the report on Temporary Demountable Structures published by the Institution of Structural Engineers, London, should also be complied with.
7. Full details of cooking and washing-up facilities must be provided.

Conditions:

1. There must be a clear space of at least 4,5 metres on three sides of each tent to allow for a free means of egress and access for emergency appliances.
2. All tent fabric of compliance of a fire-resistant material or shall be treated with a fire-resistant solution of flame retardant. A copy of a certificate shall be signed by a Competent Person and shall be available on request.
3. No cooking, open flame or fires will be permitted in any tent or within five metres of any tent.
4. No smoking is permitted within a tent and 'NO SMOKING' signs are to be permanently displayed at all entrances.
5. Lighting and wiring installed in a tent must comply with the requirements set out in SANS 10142 (All Parts) in such a manner that direct contact is not made with combustible material and the radiated heat does not pose an ignition hazard.
6. A maximum of 38kg LP Gas is permitted per tent (one 19kg supply container and one 19kg reserve container).
7. Fire extinguishers are to be provided at a rate of one (1) per every 100m² or part thereof.
8. Fire extinguishers to be placed in easily accessible and visible positions and shall be properly indicated with signage.
9. Population shall be in accordance with Occupancy Classification A1 of SANS 10400 or in accordance with the approved seating plan.
10. All emergency signage shall be SANS-approved and comply with SANS 1186 (All Parts).
11. Where emergency lighting is required, it shall comply with SANS 10400-4.30.
12. Access for the disabled shall be provided in accordance with Part S of SANS 10400.

ENVIRONMENTAL AND HERITAGE MANAGEMENT BRANCH: ENVIRONMENTAL CONTROL SECTION

APPLICATION FOR A NON PROFIT BODY TO DISPLAY TEMPORARY SIGNAGE ON MUNICIPAL LAND:

Applicants are to complete this form and submit to the Environmental Control Section, attention: mark.double@capetown.gov.za or to Debbie.evans@capetown.gov.za for assessment in terms of the Outdoor Advertising and Signage By-law.

Permit Number: (office use only) _____

Date Of Application: _____

Name Of Host: _____

Name Of Organisation/Non-Profit Body: _____

Non-Profit Registration number/W O Number, (where applicable): _____

Details/type Of Event: _____

Date Of Event: _____

Venue: _____

Please complete :

TYPE OF TEMPORARY SIGN/S PROPOSED:

<u>Type of sign</u>	<u>Size/s</u>	<u>Type of material</u>	<u>Number</u>	<u>Sponsor/ commercial branding?</u>	<u>Illumination y/n</u>
Banners					
Flags/feather flags					
Balloons					
Loose portable signs					
Moveable signs (eg. Gazebo's with branding)					
Trailers					
Posters- apply seperately					
Other- please specify					

SIGN CONTENT AND DETAILS

Will any sign contain any 3 rd Party sponsors or commercial branding?	Y/N				
Please show by way of a photomontage, the proposed graphics to be displayed	ATTACHED y/n				
is the actual graphic illustrated in your application?	Y/N				
What will the duration or hours or days					

<u>Type of sign</u>	<u>Size/s</u>	<u>Type of material</u>	<u>Number</u>	<u>Sponsor/ commercial branding?</u>	<u>Illumination y/n</u>
of display be?					
Does the sign require or contain any moveable parts, animation, make use of a generator, motor or air pump for it's display?	Y/N				
SITE PLAN DETAILS					
Please attach a site plan, indicating proposed position of temporary signs including road traffic signs and commercial signs within 80 metres of the site.	Attached Y/N				
Please attach drawings showing structural details (if required)	Attached Y/N				
Are the proposed signs on the premises of a non-profit body?	Y/N				
Is the sign being proposed on Municipal or private land?	Municipal <input type="checkbox"/> Private <input type="checkbox"/>				
What is the actual use of the property at present					
Will the sign, sign structure or any part of it be displayed so as to obstruct the view from any window or other opening of a building	Y/N				
Will the sign be visible from a Class 1 Designated Metropolitan Road (freeways and expressways)?	Y/N				
Will the sign be visible from a prohibited route or scenic drive?	Y/N				

Host's Signature & Capacity: _____

Telephone: _____ Cellular: _____

Applicant's Signature & Capacity: _____

Telephone: _____ Cellular: _____

<p>Environmental Control Comments only:</p> <p>Approved – no further requirements <input type="checkbox"/> Not approved/ further details required <input type="checkbox"/></p> <p>Reasons/ comments:</p> <p>.....</p> <p>Name:..... Capacity:..... Date:</p> <p>For Environmental Control Section</p>



Application for Public Fireworks Display

For official use only	<h1>CITY OF CAPE TOWN</h1>
Application No. _____ Certificate No. _____	
APPLICATION FOR PUBLIC FIREWORKS DISPLAY Permission for a Public Fireworks Display in terms of Chapter 11, Section 58 of the Community Fire Safety By-law (as amended 29 June 2007)	
Name of Applicant / Contact Person	
Trading as	
Contact Numbers	
Postal Address (Applicant)	
Venue / Location of Display	
Erf Number	
Owner of Property	
Reason for Display	
Date(s) of Display	
Time(s) of Display	
Duration of Display	
Details of Fireworks (Pyrotechnics to be Used)	
Name of Pyro technician / Company / responsible person in charge of display	
NOTE :	
<ul style="list-style-type: none"> ➢ This application must be submitted at least 14days prior to date of fireworks display and will be subject to such conditions as may be determined by the controlling authority. ➢ Application must include a sketch plan of venue / location indicating the firing point, spectator area, safety distances, etc. ➢ The person, company or organisation responsible for the fireworks display shall supply the City of Cape Town with an indemnity in order to safeguard the local authority and its officials from any claims resulting in a loss of life, injury or damage to property that may result from the public fireworks display. ➢ In terms of the Explosives Act (Act 26 of 1956), permission must be obtained from the South African Police Services (Chief Inspector of Explosives), prior to the fireworks display taking place (copy to be forwarded to this office) 	
REMARKS:	
Signature of Applicant:	
Address:	
Telephone No.:	
For controlling authority: (Signature)	
Print Name:	
An application fee of R185,53 excl vat per 15 minutes is payable to THE CITY OF CAPE TOWN in respect of this application and the subsequent inspection.	
For controlling authority (Signature)	Date of Issue:
Name of issuing official:	Designation: