

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

## SACAP/IDoW0002

## ARCHITECTURAL COMPLIANCE CERTIFICATE

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

- 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

Complete or indicate with a A.1. PROJECT DE		ble									
Authority:											
Stand no:	Townsh										
Street address:											
Proposed project:											
A.2. PROJECT CL	ASSIFICATION A	S PER SACAP	REGULAT	IONS FO	R THE IDEN	ITIFI	CATION OF	WORK SC	CHEDULE	S	
SACAP Building Classification/s:							Code/s:				
Complexity scale:	LOW			MEDIUM					HIGH		
A.3. SENSITIVITY	/ SCALE										
Sensitivity scale:	LOW			MEDIUM					HIGH		
ENVIRONMENTAL Impact Assessment:	NOT APPLICABLE	REQUIR (Include		National Heritage Site:		Year of Declaration:					
HERITAGE	NOT	REQUIRED		National Heritage		Year of			Year/s of		
Impact Assessment:	APPLICABLE	(Included)		Building:			Declaration: Year/s of		construction:		
SOCIAL Impact Assessment:	NOT APPLICABLE	PPLICABLE (Included)					ar/s or nstruction:				
B. REGISTERED	PERSON AUTH	ORISED IN TER	RMS OF AF	RCHITEC	TURAL PRO	FES	SIONS AC	T 44 OF 200	00, Section	ns 18, 26(3) & 26(4)	
Registered Person:								T			
Registration No:		Profess		al title:	PrArch	h PrSArd		T PrA	rchT	PrArchDraught	
Architectural Practice:											
Postal address:								Code:			
Physical address:								Code:			
Telephone:	[ ] E-mail a			ress:							
Facsimile:	[ ] Mobile p			ne:	[ ]						
l, behalf of the Architectural F such drawings, details and project classification and site individual registration condit  SIGNED (Professional I	particulars as it may e classification inform	r require in terms nation provided al f Professional Cor	e appointment s of the Nation above is corre- anduct under t	t and herek nal Building ot in all asp the South A	by undertake to g Regulations pects, and that African Counci	to acc for apt t my a I for th	cept responsi pproval to bu appointment t he Architectu	bility for provi uild. I, the und to this project	iding the redersigned, is not in value.	also hereby confirm that	with t the
C. PROPERTY C	WNER/AUTHOR	ISED AGENT									
Name:								CC/Trust,et	c No:		
Postal address:									Code:		
Physical address:									Code:		
Telephone:	[ ]	] E-mail addre		is:							
Facsimile:	[ ]	Mo	bile phone	: [	]						
I, Registered Person, whose of the Architectural Practice as SIGNED		osed project detai		terms of the	e Architectura	l Profe	essions Act N	No 44 of 2000	, and duly a	e appointed the Professi authorised representative	
		onseu Agent)									
D. LOCAL AUTH	ORITY										
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				l							