

Requested date of inspection

Time

NOTICE OF INTENTION TO COMMENCE ☐ DEMOLISH ☐ TRENCH INSPECTION ☐ EXCAVATION INSPECTION ☐
(Tick relevant box)

Erf/Farm no Portion Application reference no

Site address Allotment area

I hereby give notice, in terms of National Building Regulations A22, that the building work as described above is now ready for inspection and hereby confirm that I am compliant with the Occupational Health and Safety Act, Act No 83 of 1993.
(Note: Submission of notice should be made **two working days** before the inspection is required.)

Owner name Requester name

Requester email address Contact number

Signature of owner/authorized agent Date

INSPECTION REQUEST MAY BE E- MAILED TO: buildingcontrolinspection@drakenstein.gov.za



Requested date of inspection

Time

NOTICE FOR THE INSPECTION OF THE DRAINAGE INSTALLATION IN ACCORDANCE WITH THE APPROVED PLAN

Erf/Farm no Portion Application reference no

Site address Allotment area

I hereby give notice, in terms of National Building Regulations A22, that the building work as described above is now ready for inspection and hereby confirm that I am compliant with the Occupational Health and Safety Act, Act No 83 of 1993.
(Note: Submission of notice should be made **two working days** before the inspection is required.)

Owner name Requester name

Requester email address Contact number

Signature of owner/authorized agent Date

INSPECTION REQUEST MAY BE E- MAILED TO: buildingcontrolinspection@drakenstein.gov.za



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NOTICE OF COMPLETION OF WORK IN ACCORDANCE WITH THE APPROVED PLAN

Erf/Farm no Portion Application reference no

Site address Allotment area

I hereby give notice, in terms of National Building Regulations A22, that the building work as described above is now ready for inspection and hereby confirm that I am compliant with the Occupational Health and Safety Act, Act No 83 of 1993.
(Note: Submission of notice should be made **two working days** before the inspection is required.)

Owner name Requester name

Requester email address Contact number

Signature of owner/authorized agent Date

INSPECTION REQUEST MAY BE E- MAILED TO: buildingcontrolinspection@drakenstein.gov.za..