

SUBMISSION AND DECLARATION FORM

ERF NUMBER : .....	
OWNER: ..... ADDRESS: ..... ..... PHONE: ..... FAX: ..... CELL: ..... EMAIL: .....	ARCHITECTURAL PRACTITIONER: ..... ADDRESS: ..... ..... PHONE: ..... FAX: ..... CELL: ..... EMAIL: .....
Please send your commentary/approval <b>by email</b> with reference to this building plan to the <b>architectural practitioner / owner</b> to one of the above-mentioned addresses  <i>(Delete which is not applicable)</i>	

I, ..... in my capacity as architect / senior architectural technologist / architectural technologist / draught person (*delete which is not applicable*), S.A.C.A.P. registration number ..... declare that the information as shown on my plans is correct and complete. I further certify that all elements of the submitted design comply in all respects with the architectural guidelines and if not, that I may be held responsible for any costs involved to rectify such defects.

SIGNATURE: .....  
(Architectural Practitioner)

DATE: .....

SIGNATURE: .....  
(Owner)

DATE: .....