



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Cape Town Events Permit Office

14th Floor, Standard Bank Centre, Hertzog Boulevard, Cape Town, 8001
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

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	50 – 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			
Other – Please Specify:			

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

* 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.*

Form – 01 - A

To be completed if event occurs along a route.

Includes a CELEBRATORY procession/march (i.e. other than in terms of the Gatherings Act.)

This may be replaced/supplemented by route map (graphic road map, Google map, etc. clearly depicting start/finish, route, directions, marshaling and refreshment points, etc.)

[illegible]



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: _____

[illegible]

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.

Address:

Idilesi:

Adres:

Ask for:

Cela:

Vra vir:

Tel:

Umnxeba:

Tel:

Fax:

Ifeksi:

Faks:

E-mail:

Web: <http://www.capetown.gov.za/health>

Ref:

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

1. **PERSON IN CHARGE:** (Person in whose name the certificate must be issued)

SURNAME:FIRST NAME (S):

I. D. No:

Address:

Business:

Residential:

Tel No. Business:

Fax No. Business:

Tel No. Residential:Cell No.

A. PARTICULARS OF FOOD PREMISES:

Trade Name of Food Premises (If Any):

Type of Food Premises (e.g. building, vehicle, stall):

Address where food premises can be inspected:

.....
.....

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

a) Sanitary (toilet) facilities:

b) Cleaning facilities (wash basins for facilities):

c) Hand washing facilities:

d) Storage facilities for food/facilities:

e) Preparation facilities:

B. FOOD CATEGORY:

009

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

.....
.....

2. NATURE OF HANDLING: (List and describe activities e. g. preparation / packing / processing)

.....

3. STAFF: Number of persons: Males:Females:

4. PARTICULARS OF EXEMPTION BEING APPLIED FOR: (Regulation 15 (1))

.....
.....

5. PARTICULARS OF APPLICANT:

Capacity (e. g. owner, managing director):

Name:

Postal address:

Tel No.:

Date of Application:

Signature:

For further information contact

Environmental Health Practitioner:

Telephone:

FOR OFFICIAL USE ONLY

APPROVED:

DATE:

CERTIFICATE NO.:

EHO 29

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 ()		
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. The controlling authority may prescribe any additional conditions deemed necessary to render the premises safe prior to the issuing of the certificate. The certificate is valid only for the premises for which it is issued and is not transferable. If the occupancy or ownership of the premises change, the owner or person in charge must apply for a new certificate.													
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 ManagementApproved:
(Subject to the attached conditions)For Director:
Planning and Building Development ManagementApproval 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	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Signature	<input type="text"/>		
Telephone number	<input type="text"/>	Fax number	<input type="text"/>
Email address	<input type="text"/>		

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

Full name	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Signature	<input type="text"/>		
(If this is not the property owner's signature, please attach a Power of Attorney or authority from the owner)			
Telephone number	<input type="text"/>	Fax number	<input type="text"/>
Email address	<input type="text"/>		

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

Address of premises	<input type="text"/>		
	<input type="text"/>		
Erf number	<input type="text"/>		

4. DETAILS OF THE PROPOSAL

Indicate what the application is for:	TENT <input type="text"/>	STAND/STAGE <input type="text"/>	EXHIBITION/STALL <input type="text"/>
Is this a private event/function?	<input type="text"/>		
Size (m ²) and dimensions of Tent/Stand and the seating capacity	<input type="text"/>		



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Form 08

COMPLETION CERTIFICATE: SPECIAL EVENTS

Issued in terms of Section 14(2A) of Act No 103 of 1977.

Building Plan Number

Description of project

Erf/Holding/Portion No.

Township/Agriculture Holding/Farm Name

Street Address

SECTION A: DESCRIPTION OF APPLICABLE WORK

Description of work undertaken and for which full responsibility is accepted, as shown on the following drawings; copies of all the relevant layout drawings not previously submitted are attached.

SECTION B: DECLARATION BY REGISTERED PERSON

I,

of address

Suburb

Tel. No

Fax No

declare that I have undertaken inspections of the above work in terms of my appointment and of Part B of the National Building Regulations and confirm that the structural system has been erected in accordance with the approved plans.

Signature

Professional Registration Number

Date

D

D

M

M

Y

Y

Y

Y

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.

Solid Waste Management

WASTE MANAGEMENT PLAN

(To be submitted to Solid Waste Management at least 21 days prior to the event. Approval can only be given for event once this plan is signed off by Solid Waste Management)

Name of Organisation /NPO:	
Name of person Responsible:	
Contact details: Tel: Fax:	Cell: Email:
Name of Event:	
Description of Event: _____	
Date of Event:	
Time: From	To:
Venue:	
Estimated Number of people attending event:	
SECTION 1: INSIDE A VENUE?	
<p>1. If event is held inside a venue (not on the public streets), has provision been made with the venue owner for the cleaning inside the venue, (Yes/ No)</p> <p style="margin-left: 40px;">If "YES", give details: _____</p> <p>1.1 Have you contracted a waste collection and cleaning service provider? (Yes/No)</p> <p style="margin-left: 40px;">If "YES", who: _____</p> <p>1.2 Have you made provision for waste recycling? (Yes/No)</p> <p style="margin-left: 40px;">If "YES", describe details of recycling _____</p>	

1.3 Have you made provision for off street parking for attendees of your events
(Yes/No)

If **“YES”** what cleaning services have you arranged for the area where people will be parking so as to ensure clean surroundings once event is complete.

(Give details of company hired, number of labours, method of transport & disposal of waste etc.)

Note: It is expected at affected Open public spaces & streets are left in a clean condition after all events held inside venues

SECTION 2: OPEN PUBLIC PROPERTY?

2. If event is held on **open public property** has provision been made for waste collection and cleaning services?
(Yes/No)

If **“YES”** who: _____

2.1 Have you made provision for recycling?
(Yes/No)

If **“YES”** please give details:

2.2 Have you made provision for areas affected by event patron for parking to be cleaned after your event?
(Yes /No)

If **“YES”** please give details:

3. Please indicate **BY WHAT DATE & TIME** cleaning will be **COMPLETED after event:**

Note: It is expected that all areas affected by your event be left in a clean condition.

Please provide Signature on next page...

Applicant Signature	Date
<p>For office use of Solid Waste Management's approval</p> <p>Approved / Not approved</p> <p>Comments:</p> <hr/> <hr/> <hr/> <hr/>	
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 20px;"> <div style="width: 45%;"> <p>_____ Manager: Area Cleaning Solid Waste Management</p> </div> <div style="width: 45%; text-align: right;"> <p>Date</p> </div> </div>	
<p><u>Note:</u> Upon approval of this Waste Management Plan, the applicant will be provided with a quotation for cleaning services where applicable should Council services be required. Approval to hold the event will, inter alia, depend on acceptance of the quotation and payment being made prior to the event.</p> <p>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 Solid Waste Management will clean and charge the Event Organiser for the services.</p>	

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: _____

Environmental Control Comments only:

Approved – no further requirements ☐ Not approved/ further details required ☐

Reasons/ comments:

.....

Name:..... Capacity:..... Date:

For **Environmental Control Section**

Application for Public Fireworks Display

<p>For official use only</p> <p>Application No. _____</p> <p>Certificate No. _____</p>	<h1>CITY OF CAPE TOWN</h1>
<p>APPLICATION FOR PUBLIC FIREWORKS DISPLAY</p> <p>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)</p>	
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	
<p>NOTE :</p> <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) 	
<p>REMARKS:</p>	
<p>Signature of Applicant:</p>	
<p>Address:</p>	
<p>Telephone No.:</p>	
<p>For controlling authority: (Signature)</p>	
<p>Print Name:</p>	
<p>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.</p>	
<p>For controlling authority (Signature)</p>	<p>Date of Issue:</p>
<p>Name of issuing official:</p>	<p>Designation:</p>