



a world class African city

# CLEARANCE APPLICATION

Statement of charges payable in terms of Section 118 of The Local Government: Municipal Systems Act no. 32 of 2000

## GENERAL CONDITIONS

- Only ONE application per PROPERTY will be accepted.
- This form MUST be completed for every request or extension, by a Conveyancing Attorney.
- In the case of Joint Ownership of purchaser, the information as required on this application MUST be provided for ALL the respective owner plus ID copies to be included
- All refunds will be made to Conveyancing Attorney.
- Subject to there being no outstanding Council levies or queries on services the application will be processed within five (5) working days. All others will be provided within five (5) working days once all outstanding queries are resolved.
- A clearance certificate will only be issued 48 hours after receipt of payment or when payment is cleared.
- ONLY ATTORNEY'S TRUST CHEQUES and CASH are accepted. The CoJ will not be bound by any error in calculi.

Failure to meet all the above conditions will result in a delay in your application.

## A: Application Details

Date of Application:

**For official use only:**  
 Reference No.: \_\_\_\_\_  
 \_\_\_\_\_  
 Administrator Code: \_\_\_\_\_  
 \_\_\_\_\_  
 Administrator Signature: \_\_\_\_\_

The Clearance Certificate is required for: (Mark with an "X")

<input type="checkbox"/>	<b>Rezoning</b>	<input type="checkbox"/>	<b>Transfer</b>	<input type="checkbox"/>	<b>Subdivision</b>	<input type="checkbox"/>	<b>Consolidation</b>	<input type="checkbox"/>	<b>Sectional Title</b>
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## B: Conveyancer / Attorney Details

Conveyancing Attorney / Firm Name: \_\_\_\_\_

CoJ Attorney Code: \_\_\_\_\_

Practice No.: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person No.1: \_\_\_\_\_

Contact Person No.2: \_\_\_\_\_

Contact Person No.3: \_\_\_\_\_

Means by which the clearance schedule is to be returned to applicant: (Mark with an "X")

<input type="checkbox"/>	<b>Collect</b>	<input type="checkbox"/>	<b>Mail</b>	<input type="checkbox"/>	<b>Send per</b>	<input type="checkbox"/>	<b>Legal Express</b>	<input type="checkbox"/>	<b>Docex No.</b>
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# C: Property Details

(For Sectional Titles Please Also Complete Section F)

Physical Address of Property: \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_

Erf No./Farm No.: \_\_\_\_\_ Extension: \_\_\_\_\_

Portion No. : (If applicable) \_\_\_\_\_ Remainder of Township: (If applicable) \_\_\_\_\_

Suburb: \_\_\_\_\_ Selling Price: \_\_\_\_\_

Date of Sale : 

y	y	y	y
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m	m
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d	d
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# D: Transferor (Seller)

Ownership Type: (Mark with an "X")

  

Natural Person / Individual

Joint Ownership

  

Company / Trust

Other {Specify} \_\_\_\_\_

Owner No.1:

Surname(s): \_\_\_\_\_ Title: \_\_\_\_\_

Full Names (s): \_\_\_\_\_

RSA Identity No.: 

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If not RSA Citizen,

Passport No. 

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Assessment Rates Account No.: 

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Owner No.2:

Surname(s): \_\_\_\_\_ Title: \_\_\_\_\_

Full Names (s): \_\_\_\_\_

RSA Identity No.: 

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If not RSA Citizen,

Passport No. 

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Assessment Rates Account No.: 

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Company / Trust

Name: \_\_\_\_\_

Reg. No.: \_\_\_\_\_

Assessment Rates Account No.: 

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## F: Sectional Title Information (if applicable)

Sectional Title Scheme name: \_\_\_\_\_

Sectional Title Scheme number: \_\_\_\_\_

Sectional Title Unit number: \_\_\_\_\_

Sectional Title Complex name: \_\_\_\_\_

Sectional Title Door number: \_\_\_\_\_

## G: Clearance Application Checklist

Please tick where applicable and attach a copy of the title deed reflecting the current Business Partner if available.

Zoning Type Applicable:

New Suburb

Business     
  Residential     
  Agricultural     
  If Other, Please Specify \_\_\_\_\_

**Subdivision/ Consolidation**

Business     
  Residential     
  Agricultural     
  If Other, Please Specify \_\_\_\_\_

**Vacant**

Business     
  Residential     
  Agricultural     
  If Other, Please Specify \_\_\_\_\_

**Improved Connection Stand:** Should the Business Partner be invoiced for any installation other than supplied by the City Of Johannesburg, Please provide us with this information and attach copies of such installations if available.

Zoning:       Business       Residential       Agriculture       Other: \_\_\_\_\_

Joburg Water       Water Scheme       Account No.: \_\_\_\_\_  
 City Power       Eskom Power       Account No.: \_\_\_\_\_

Pikitup Bins       Pikitup Skip Waste       Private Refuse Removal       Account No.: \_\_\_\_\_  
 French Drain/ Septic Tank       Joburg Sewerage       Account No.: \_\_\_\_\_

If available, please complete the following:

Water Meter No.	Reading	Date Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
Electricity Meter No.	Reading	Date Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Attach: **For the establishment of a new suburb or consolidation and subdivision of stand**

**Surveyor General Diagram**

**Conditions of Establishment**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H: Conveyancer Attorney SIGNATURE**

Signed at \_\_\_\_\_ On the \_\_\_\_\_ Day of \_\_\_\_\_ of the year \_\_\_\_\_

\_\_\_\_\_

Conveyancer Attorney Signature

Witness