



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Cape Town Events Permit Office

14th Floor, South Tower, The Towers Centre,
122 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: ACCESS PARK - OFF / SALE

* EVENT VENUE (Venue Name & Address): ACCESS PARK CNR DONCASTER + RACECOURSE ROAD, ~~UNIT 3~~ KENILWORTH

* DATE/S OF PROPOSED EVENT: ~~30 APRIL 2017~~ 21 MAY 2017

SET-UP: 3PM STRIKE DOWN 8PM

* TIMES OF EVENT (FOR EACH DAY): 3PM - 8PM ONE DAY EVENT.

* SIZE OF EVENT: Please Tick The Relevant Box Participants & Spectators

Small	200 - 2000	<input checked="" type="checkbox"/>
Medium	2001 - 5000	<input type="checkbox"/>
Large	5001 - 10 000	<input type="checkbox"/>
Very Large	10 001 + above	<input type="checkbox"/>

* Number Of Spectators: +/- 1150 21/05/17

(NB. Specify for each event day)

* Number Of Participants: +/- 150

(NB. Specify for each event day)

* EVENT ORGANISER/RESPONSIBLE PERSON: ALI ERRAHIM

* PERSON MAKING THE APPLICATION (if not Event Organiser):

* COMPANY/ ORGANISATION NAME: SOUNDMATCH Access Park.

* DESIGNATION: STORE MANAGER TEL: 0216714555 * CELL: 082 400 4001

* EMAIL: kenilworth@soundmatch.co.za FAX: N/A

* PHYSICAL ADDRESS (of Applicant) UNIT 3 ACCESS PARK KENILWORTH.

* TYPE OF EVENT: PLEASE TICK THE RELEVANT BOX

Sports/Action	<input type="checkbox"/>	Launch/ Exhibition	<input checked="" type="checkbox"/>
Concert/Music Festival	<input type="checkbox"/>	Corporate/Private Party	<input type="checkbox"/>
Charity Fundraiser/Run/Walk	<input type="checkbox"/>	Night Market /Switch on of Festive Lights	<input type="checkbox"/>
Carnival	<input type="checkbox"/>	Religious Festival/Event	<input type="checkbox"/>
Fete, School Carnival etc.	<input type="checkbox"/>	Cultural/Minstrel Events	<input type="checkbox"/>
Weddings/ Birthdays, etc.	<input type="checkbox"/>	Fireworks/ Pyrotechnic Displays	<input type="checkbox"/>
Ceremonial Event/Annual ritual	<input type="checkbox"/>	CCT Corporate Event	<input type="checkbox"/>
Occasional Market	<input type="checkbox"/>		
Other - Please Specify:			

BRIEF DESCRIPTION OF EVENT: WE ARE HAVING A SALE, CARS INVITED TO PARK IN NORMAL PARKING BAYS. BEST CARS MAY RECEIVE A TROPHY.

* WARDS/Sub-Councils impacted by event:
NONE. ON PRIVATE PROPERTY IN A PARKING LOT.

(NB. If event includes a public display of fireworks, please refer to the Fireworks Regulations 2001.)



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

**SAFETY AND SECURITY
EVENTS
FILM & EVENTS PERMITTING OFFICE**

Terence Isaacs
Head: Film & Events Permitting
T: +27 21 417 4022 F: +27 86 576 0617
E: Film.permits@capetown.gov.za
E: Events.permit@capetown.gov.za

INDEMNITY FORM :

I, MUHAMMAD ALI EBRAMIM (print full name)
ID No. 8201155214089 in my capacity as SOLE MANAGER (designation)
of SOUNDMATCH ACCESS PARK (full name of institution/company) being duly
authorised hereto on behalf of the aforementioned institution with regard to
ACCESS PARK - OFF (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 19 day of April 2017 at Access Park Kenilworth (place)

[Signature]
SIGNATURE

19/04/17
DATE

WITNESSES:

[Signature]
SIGNATURE

19/04/17
DATE

[Signature]
SIGNATURE

19/04/17
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.

N/A

B. FOOD CATEGORY:

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.:



CITY OF CAPE TOWN
 ISIXEKO SASEKAPA
 STAD KAAPSTAD

Address: _____
 Ask for: _____
 Tel: _____
 Fax: _____
 E-mail: _____
 Web: <http://www.capetown.gov.za/health>
 Ref: _____

Idilesi: _____
 Cela: _____
 Umnxeba: _____
 Ifeksi: _____

Form 04

Adres: _____
 Vra vir: _____
 Tel: _____
 Faks: _____

N/A

**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:



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

N/A

Form 05

**SOLID WASTE MANAGEMENT
FORM: EVENT WASTE MANAGEMENT PLAN**

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

ALL SECTIONS/QUESTIONS NEED TO BE COMPLETED IN FULL!

SECTION 1: GENERAL INFORMATION						
Name of organisation /NPO:						
Name of person responsible:						
Municipal account number/cost centre:						
Tel:		Cell:				
Fax:		E-mail:				
Postal address:						Postal code:
Name of event:						
Event description:						
Date(s) of event:		Start date:		End date:		
Duration:		Start time:		Finish time:		
Venue name:						
Venue street address:						
(Incl. suburb):						
Venue type	Sports ground	Public property	Open field	Private property	Other	Specify:
Estimated number of people attending event:						
SECTION 2: CLEANING OF VENUE AND SURROUNDINGS Note: Should the event impact on public areas, such as roads and sidewalks around the venue, a plan must be attached to this form, describing how you will ensure the area is clean and litter-free after the event.						
2.1 Cleaning of the venue (please complete A or B plus C)						
A: Private property						
Have arrangements been made with the venue owner for cleaning inside the property perimeters?						Y/N
(If yes, give details):						
B: Open public property						
Has provision been made for cleaning this property?						Y/N
(If yes, give details):						
C: Service provider details (for A or B above)						
Have you contracted an accredited cleaning service provider? (If yes, complete details below)						Y/N
Name of service provider:						
Contact details:						
Accreditation number:						
2.2 Cleaning of the venue surroundings						
Have you made provision for off-street parking for attendees of your event?						Y/N
What cleaning services have you arranged for the area where people will be parking, so as to ensure clean surroundings (50 m - 100 m radius surrounding venue) once event is finished? (Please complete details below.)						

(Give details of company hired, number of labourers, method of transport and disposal of waste, etc.
Note: A landfill receipt must be submitted to Solid Waste Management as proof.

SECTION 3: WASTE COLLECTION AND RECYCLING

3.1 Have you contracted an accredited waste collection service provider²? (If yes, complete details below.) **Y/N**

Name of service provider:

Contact details:

Accreditation number:

(If no, the City of Cape Town offers 240   refuse bin hire and servicing to event organisers. Complete details below.)

Number of refuse bins required:

Date(s) for refuse bins to be serviced (please include all details below):

Date for refuse bins to be delivered:

Date for refuse bins to be retrieved:

3.2 Have you contracted a recycling service provider³? (If yes, complete details below) **Y/N**

Name of service provider:

Contact details:

Accreditation number:

(If no, the City of Cape Town offers 240   recycling bin hire to event organisers. Complete details below.)

Would you require recycling bins to be provided? **Y/N**

If yes, number of recycling bins required:

Date for recycling bins to be delivered:

Date for recycling bins to be retrieved:

3.3 Please indicate when cleaning and removal of waste will be completed after the event⁴.

Date:

Time:

Note: Upon approval of section 2 and 3 of the Waste Management Plan, the applicant will be provided with quotations for (i) cleaning services and (ii) refuse bin hire and servicing and/or the recycling bin hire, where applicable, should Council services be required. Approval to hold the event will, inter alia, depend on acceptance of the quotations and payment being made prior to the event. 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, the Solid Waste Department will clean up and charge the event organiser for the services. The City does not provide a recycling bin service. An accredited recycling service provider should service the recycling bins.

SECTION 4: AUTHORISATION

For office use: Solid Waste Management

Head: Events Management:

Date:

Approved:

Not approved:

Comments:

¹ If your application is incomplete it will be considered as INSUFFICIENT INFORMATION and your Waste Management Plan will not be approved.

² This may be same service provider as the cleaning service provider.

³ This may be same service provider as the cleaning or waste collection service provider.

⁴ It is expected that all public areas affected by the event be clean and litter free by 06:00 the morning after the event.



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: <u>ALI EBRANIM</u>		Telephone No. <u>0216714535</u>	
Name of business: <u>SOUNDMATCH</u>		Cell No. <u>092 400 4001</u>	
		Telephone No. <u>0216714535</u>	
		Cell No. <u>092 400 4001</u>	
Type of business, e.g. bar, nightclub etc: <u>CAR RADIO</u>			
Erf No: _____			
On what floor of the building is the venue situated i.e. ground, 1 st etc? _____			
Street address: <u>ACCESS DRIVE CNR OF DONCASTER + RACECOURSE RD</u>			
Suburb: <u>KENILWORTH</u>		Code: <u>7780</u>	
Details of Premises			
How many floors does the building have? <u>OUTDOOR PARKING LOT</u>		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 <u>1150</u>	
<u>3000SQ</u>		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 ()
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 <u>[Signature]</u>			
Print Name <u>ALI EBRANIM</u>			
Date <u>19/04/17</u>			
Address <u>ACCESS DRIVE CNR OF DONCASTER + RACECOURSE RD'S KENILWORTH.</u>			
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.			



N/A

**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 EO Number

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
Postal address

Signature
Telephone number Fax number
Email address

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

Full name
Postal address

Signature
(If this is not the property owner's signature, please attach a Power of Attorney or authority from the owner)
Telephone number Fax number
Email address

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

Address of premises

Erf number

DETAILS OF THE PROPOSAL

Is this a private event/function?
Size (m²) and dimensions of Tent/Stand and the seating capacity

N/A

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

Are there cooking facilities? (If so, provide details, including washing-up details.) Y N

Is there an electrical power supply? (If so, a Compliance Certificate is required.) Y N

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		

(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 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 Detachable 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.



N/A

APPOINTMENT FORM FOR COMPETENT PERSON: TEMPORARY STRUCTURE

Description of Project

Erf No.

Street Address

Suburb

SECTION B

I/We

of

Tel No Cell No

hereby confirm that * I/we have appointed

(Name of appointed person)

in terms of Regulations A19(1) as the Competent Person for the work, duties and responsibilities in respect of the erection of the temporary structure, and *I/we understand and accept that the onus is on *me/us to:

- (i) inform the Competent Person when the work is due to start on site, and
- (ii) notify the local authority in writing should the appointment be terminated before the work for which this person was appointed is completed, and if considered necessary by the local authority to make another appointment.

Signature of owner(s) Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION B

I

of address Suburb

Tel No Fax No

N/A

I undertake and accept full responsibility for:

- (i) the rational design in respect of the above project for the applicable temporary structure and for the inspection of the work during construction/installation at intervals in accordance with accepted professional practice to check compliance with the approved design;
- (ii) providing the local authority with such drawings, details and particulars as are and may be required by these regulations;
- (iii) notifying the local authority in writing should:
 - (a) it appear that any work is being carried out in a manner which may endanger the strength, stability and serviceability of the building or any adjoining building, structure or property,
 - (b) my appointment be terminated before the work for which I was appointed is complete, and
- (iv) submitting to the local authority on completion of the work contemplated in Section 3, a certificate in terms of Section 14(2A) of the National Building Regulations and Building Standards Act, Act No 103 of 1977.

* Delete where inapplicable

SIGNATURE:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Professional Registration Number

Professional Registration Category



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

N/A

**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					
<u>SIGN CONTENT AND DETAILS</u>					
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



N/A

Application for Public Fireworks Display

For official use only	<h1>CITY OF CAPE TOWN</h1>
Application No. _____ Certificate No. _____	

APPLICATION FOR PUBLIC FIREWORKS DISPLAY
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)

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	

NOTE :

- > This application must be submitted at least 14 days 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 indemnify 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)

REMARKS:

Signature of Applicant: _____

Address: _____

Telephone No.: _____

For controlling authority: (Signature) _____

Print Name: _____

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.

For controlling authority (Signature) _____

Name of issuing official: _____

Date of Issue: _____
Designation: _____



N/A

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
---	---	---	---	---	---	---	---

N/A

Use of Tent

Date / duration of use of facility

D D M M Y Y Y Y to

D D M M Y Y Y Y

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.)

Y N

Is there an electrical power supply? (If so, a Compliance Certificate is required.)

Y N

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		

(Name of applicant/Person in charge/Event organiser/owner)

declare that to my knowledge the above information is correct.

Signature:

[Signature area]

Date:

D M M Y Y Y Y

Important Notes:

- The erection of any Temporary Seating Stand accommodating more than 110 people will require the appointment of a Competent Person.
- The erection of a Tent that will accommodate more than 110 people will require the appointment of a Competent Person.
- 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.
- Where the population of any tent exceeds 25 persons, at least two escape exits are required.
- Seating, aisles and escape routes are to comply with SANS 10400 - 4.49.
- 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.
- Full details of cooking and washing-up facilities must be provided.

Conditions:

- 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.
- 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.
- No cooking, open flame or fires will be permitted in any tent or within five metres of any tent.
- No smoking is permitted within a tent and 'NO SMOKING' signs are to be permanently displayed at all entrances.
- 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.
- A maximum of 38kg LP Gas is permitted per tent (one 19kg supply container and one 19kg reserve container).
- Fire extinguishers are to be provided at a rate of one (1) per every 100m² or part thereof.
- Fire extinguishers to be placed in easily accessible and visible positions and shall be properly indicated with signage.
- Population shall be in accordance with Occupancy Classification A1 of SANS 10400 or in accordance with the approved seating plan.
- All emergency signage shall be SANS-approved and comply with SANS 1186 (All Parts).
- Where emergency lighting is required, it shall comply with SANS 10400-4.30.
- Access for the disabled shall be provided in accordance with SANS 10400-4.30.