



APPEAL FORM

In terms of Chapter 7 of the Nelson Mandela Bay Municipality Spatial Planning and Land Use Management By-Law, 2022

PART A: APPEAL			
Are you appealing against the decision made by the authorised employee or Tribunal?	Y	N	If yes, indicate in Part D if the appeal is lodged against the whole decision or part thereof. If the latter applies provide a description of the part.
Are you appealing in respect of the failure of the appeal authority to make a decision within the period contemplated in section 91 of the by-law.	Y	N	If yes, provide facts that prove the failure in Part D.
Are you appealing against the condition(s) of approval imposed by the authorised employee or Tribunal?	Y	N	If yes, list relevant condition(s) and provide a description in Part D.
Is your appeal based on and primarily concerned with the process followed prior to the authorised employee or Tribunal decision?	Y	N	If yes, specify in Part D.
Is your appeal based on and primarily concerned with the merits of the land development or land use application on which it is believed that the authorised employee or Tribunal erred in coming to the conclusion?	Y	N	If yes, specify in Part D.
Date of decision:		Date received notice of decision	

PART B: APPELLANT'S DETAILS			
First name(s):			
Surname:			
Company or legal person's name: (if applicable)			
Postal address:		Postal Code:	
Email:			
Tel:		Fax:	Cell:

PART C: APPELLANT'S PROPERTY DESCRIPTION (Property that is affected by proposed development)			
Number(s) of erf/erven/portions/farms or allotment area			
Physical Address			
GPS Coordination's		Town/City	

PART D: APPEAL MOTIVATION AND REASONS

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PART E: APPEAL FEE (for completion and use by official)

	Appeal	R
	TOTAL APPEAL FEES	R

* Appeal fees that are paid to the Municipality are non-refundable and proof of payment of the application fees must accompany the application.

PART F: ATTACHMENTS AND SUPPORTING INFORMATION AND DOCUMENTATION

Complete the following checklist and attach all the information and documentation relevant to the appeal.

Y	N	Proof of payment of appeal fees (applicant)		Y	N	Proof of serving notice of appeal (applicant)
Y	N	Copy of decision and proof of notification		Y	N	Copy of conditions of approval
Y	N	Motivation and reasons for appeal		Y	N	Other (specify)

PART G: DECLARATION

I hereby wish to confirm the following:

1. That the information contained in this appeal form and accompanying documentation is complete and correct.
2. I'm aware that it is an offence in terms of section 107 of the By-Law to supply particulars, information or answers knowing the particulars, information or answers to be false, incorrect or misleading or not believing them to be correct.

Appellant's signature:

Full Name:

Date

FOR OFFICIAL USE ONLY:

Date received:

Received by: