

STELLENBOSCH

STELLENBOSCH · PNIEL · FRANSCHHOEK

MUNISIPALITEIT • UMASIPALA • MUNICIPALITY

APPLICATION FOR THE SUPPLY OF ELECTRIC	ITY SERVICES [REF: I1]
PLEASE NOTE:	FOR OFFICE USE ONLY
Send application to Engineering.Services@stellenbosch.gov.za	
Only fully completed applications will be considered.	
The Applicant/Customer is the responsible person for the Account/D	evelopment and
3. Deposit payable.	evelopment and
 A copy of Identification needs to be submitted with the application. Energy saving measures needs to be submitted with this application. 	
6. R532.44 (Vat inclusive) Quotation fee payable excluding downgrade	
second pre-paid meter applications, if quotation not accepted depo 7 All applications up to 80A, will be prepaid	isit will be forfeited.
ease select with an X	
New Connection Upgrade Application Time of use Tariff	Temporary Connection Relocation of Kiosk
Informal Housing Convert to Pre-Paid Meter Overhead to Underground	Relocation of Streetlight Pole Subdivision
Downgrade Convert to Bulk Meter	Testing of Meter Other specify
asa complete details:	
Applicant/Customer Title:	Applicant/Customer's Initials:
Applicant/Customer Title: Customer's preferred form of address A	Applicant/Customer's Initials: s per Identity document
Applicant/Customer Title: Customer's preferred form of address A	
Applicant/Customer Title: Customer's preferred form of address A Surname/Company Name: Full First Names:	
Applicant/Customer Title: Customer's preferred form of address A Surname/Company Name: Full First Names:	
Applicant/Customer Title: Customer's preferred form of address A Surname/Company Name: Full First Names: As per Identity Document Identity No:	s per Identity document Felephone 1/Cell:
Applicant/Customer Title: Customer's preferred form of address Surname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport C	Felephone 1/Cell: Customer's Contact No. Dialling Code Tel. Number
Customer's preferred form of address Surname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport A A A Customer's preferred form of address A	s per Identity document Felephone 1/Cell:
Applicant/Customer Title: Customer's preferred form of address A Surname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport Customer's Contact No. Dialling Code Telephone Number E-Mail Address:	Felephone 1/Cell: Customer's Contact No. Dialling Code Tel. Number Fax:
Applicant/Customer Title: Customer's preferred form of address ASurname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport Telephone 2/Cell: F	Felephone 1/Cell: Customer's Contact No. Dialling Code Tel. Number Fax:
Applicant/Customer Title: Customer's preferred form of address Surname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport Customer's Contact No. Dialling Code Telephone Number E-Mail Address: For on-line Customers Customer's Physical Address:	Felephone 1/Cell: Customer's Contact No. Dialling Code Tel. Number Fax:
Applicant/Customer Title: Customer's preferred form of address A Surname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport Customer's Contact No. Dialling Code Telephone Number E-Mail Address: For on-line Customers	Felephone 1/Cell: Customer's Contact No. Dialling Code Tel. Number Fax: Dialling Code Fax/Telephone Number
Applicant/Customer Title: Customer's preferred form of address Surname/Company Name: Full First Names: As per Identity Document Identity No: Per RSA ID Doc/Passport Customer's Contact No. Dialling Code Telephone Number E-Mail Address: For on-line Customers Customer's Physical Address:	Felephone 1/Cell: Customer's Contact No. Dialling Code Tel. Number Fax: Dialling Code Fax/Telephone Number

Address where electrical supply is requested

FORWARD THE QUOTATI	ON TO:			
Developer	Consultant		Owner	Applicant/Customer
Contact Person:				
Company Name:				
Postal Address:				
				Code:
Telephone:			Fax:	
Contact No. Dialling Code	Telephone Number		Dialling Code	Telephone Number
E-Mail Address: For on-line Customers				
1st Floor Ecclesia Building 71 Plein Street Stellenbosch		P O Box 17 Stellenbosch 7599		808-8343 / 021 808 8215 gineering.Services@stellenbosch.gov.za
SERVICE DETAILS: Approximate date when sup	ply will be required:			
	piy wiii be required.			
SELECT APPROPRIATE:				
Single Phase	Three Phase			
Purpose for which premis	es are to be used:			
Domestic	Commercial	lr	dustrial	
Existing notified demand				Ampere
Additional notified demand				Ampere
Downgrade notified deman	Single Phase		Three Phase	Ampere
Total / Required notified demand				Ampere
Type of metering required:				
Individual Conventional	Individual Pre-pa	ayment B	ulk	

IMPORTANT NOTE:

Single phase supply

Three phase supply

Three phase supply

Three phase supply

DEVELOPMENT DETAILS:

As per Council's policy all new connections up to three phase 80 amperes are compelled to install a prepayment meter, as well as, for upgrades from single to three phase. Separate application forms shall be completed for each domestic erf/unit/flat/shop/office and the relevant fees can be paid at the Department: Financial Services.

Proposed name of new building:					
Provide the number of units/erven for	or the development				
_	_				
Domestic single phase 60A					
D					
Domestic three phase 60A					
General supply single phase		NMD		Α	
General supply single phase		INIVID		^	
General supply three phase		NMD		Α	
Contrar supply and opinion				,,	
Commercial (Group per Ampere)					
Single phase supply		NMD		Α	
		•			
Single phase supply		NMD		Α	
		=			

NMD

NMD

 NMD

NMD

Ann	exure 4		
REGULATION 8(1) OF THE ELECTRIC	CAL INSTALL	ATION RE	GULATIONS, 2009
NOTICE OF COMMENCEMI	ENT OF INSTA	ALLATION	WORK
Name of Supplier:			
Address of Supplier:			
I hereby advise that electrical installation w	ork will comn	ience at	
ERF NoTownship:			
Street address:			
Name of building:		Floor	
Name of tenant/occupier/agent/owner:			
Note: Farms and agricultural holdings, full des	cription as per	title deed is	required.
Description of proposed work:			
Date of commencement of installation work	:		
New electrical installation:	Extension:	M	odification:
Estimated capacity of electrical installation:		kVA	
Electrical Contractor/Registered Person*			
		block letter	s)
Fixed address:			
Contractor's/Registered Person's Registrati	on Certificate	No.*	
Signature:	Office Teleph	none No.:	
Signature:	Fax. No.: Cell No.:		
Name of Signatory:			
Competent person/Approved Inspection Au	thority*		_(block letters)
Fixed address:			
Approved Inspection Authority Certificate	No*.:		
Signature:	Office Telephone No.: Fax. No.: Cell No.:		
Name of Signatory:			
*Delete whichever is not applicable			



STELLENBOSCH

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MUNISIPALITEIT

• **U**MASIPALA

MUNICIPALITY

AANSOEK AFSLUITING/HERSAANSLUITING / APPLICATION FOR RECONNECTION/DISCONNECTION Naam en Van/Maatskappy Naam \\ Name and Surname/Company Name: Telefoon/Selfoonnommer \\ Telephone/Cellphone number: E-pos adres \\ E-mail address: Adres \\ Address: Erf: Address where reconnection/disconnection are requested \\ Adres waar afsluiting/heraansluiting versoek word Naam en Van/Maatskappy Naam \\ Name and Surname/Company Name: Name details of person responsible for the payment (if NOT the same as name above) / Naam besonderhede van persoon wie verantwoordelik is vir die betaling (Indien NIE dieselfde soos Adres / Address:

Address of person responsible for the payment (if NOT the same as address above) / Adres van persoon wie verantwoordelik is vir die betaling (Indien NIE dieselfde soos bogenoemde adres



Electrical Meter Accuracy Test Application Form

Section 1: Applicant information	
Full Name / Business Name:	
Account Number :	
Address:	
Contact Number:	
Email Address:	
Section 2: Meter Information	
Meter Location (e.g., inside, outside, pole n	
Meter Location (e.g., inside, outside, pole-n Meter Type: □ Convention meter □ Pro	
Number of Phases: \square Single Phase \square T	-
Number of thases. Single thase 1	nee i nase
Section 3: Reason for Request	
☐ Suspected over-registration (high consu	•
☐ Suspected under-registration (meter rea	iding too low)
☐ Unusual billing pattern	
☐ Other (please specify):	
Section 4: Declaration by Applicant	
	y out an accuracy test of the above-mentioned meter. I
- A testing fee may be applicable as per reg	7 -
	vable limits, the testing fee will not be refunded.
- If the meter is found inaccurate, corrective applicable rules.	e actions will be taken and billing adjustments made as per
Signature of Applicant:	Date:

CONDITIONS OF SUPPLY

1. GENERAL

- 1.1 Applications shall be addressed to the Electricity Services Department and submitted by hand, fax, or email to the listed details mentioned on the first page only.
- 1.2 All work shall comply with the Electricity Supply By-Laws of Stellenbosch Municipality (dated 17 June 2005) and the latest version of the Electricity Services Directive.
- 1.3 ALL APPLICATIONS SHALL HAVE TO BE ACCOMPANIED BY A SCHEDULE DEMONSTRATING WHAT MEASURES WILL BE EMPLOYED TO REDUCE THE DEPENDENCY ON ELECTRICAL ENERGY, BEFORE AN ESTIMATE OF COST WILL BE CALCULATED AND ISSUED.
- 1.4 THESE MEASURES SHOULD INCLUDE BUT WILL NOT BE LIMITED TO SOLAR WATER HEATING, ENERGY EFFICIENT LIGHTING, DOUBLE GLAZED WINDOWS ETC.
- 1.5 A COPY OF IDENTIFICATION SHOULD BE SUBMITTED WITH THIS APPLICATION.
- 1.6 ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED.
- 1.7 R532.44 QUOTATION FEE PAYABLE PER QUOTATION REQUEST EXCLUDING DOWNGRADE, TESTING OF METER, SECOND PRE-PAID METER APPLICATIONS-(1) THE DEPOSIT WILL BE DEDUCTED FROM THE QUOTED AMOUNT ON ACCEPTANCE AND PAYMENT OF THE QUOTATION PROVIDED BY THE ELECTRICITY DEPARTMENT

(2) IF THE QUOTATION IS NOT ACCEPTED THE DEPOSIT AMOUNT PAID WILL BE FORFEITED.

2. THE DEVELOPER/OWNER'S RESPONSIBILITY

- 2.1 Shall complete the appropriate application forms in full.
- 2.2 Shall appoint a consultant, registered with ECSA, when the total notified demand is equal to or exceeding 100kVA/or when a sub-division or new development is 5 or less single residential connections.
- 2.3 Shall provide for a mini-substation on the plot on the erf boundary when the notified demand exceeds 160kVA or the development necessitates the installation of an additional mini-substation.
- 2.4 Shall order a mini-substation or transformer at least 6 months before supply is required.
- 2.5 Shall provide 24-hour vehicular access to all Municipal equipment as specified. NO EXCEPTIONS.
- 2.6 Shall ensure that mini sub is on street level (NOT IN BASEMENT) and its position as agreed to by the Electricity Services Department.
- 2.7 Shall be responsible for the payment of all relevant costs (pro-rata, connection fees and deposits, etc) before any construction works by the Municipality commences.

3. HOT WATER INSTALLATIONS

- 3.1 Where electric hot water systems are used, they shall comply with the requirements of SANS 151 (up to a capacity of 450L) and SANS 10252-1, and shall be installed in accordance with SANS 10254 and SANS10252-1.
- 3.2 Solar Water heating systems shall be installed, unless it can be proved by a competent person that it is not technically feasible. Solar water heaters shall comply with the requirements of SANS 1307 and shall be installed in accordance with SANS 10106. The hot water services for all new buildings shall be heated using devices and equipment which provide a minimum of 50% of the heating energy requirement via solar energy.
- 3.3 If it is certified by the competent person that it is technically not feasible to comply with the above, then the solar heating shortfall may be made by alternative heating solutions such as waste heat recovery and reverse cycle heat pumps.

4. VERIFICATION OF COMPLIANCE

4.1 The responsible person shall provide a certificate of compliance to the local authority as part of the requirements for obtaining an occupancy certificate.

5. OWNERSHIP

- 5.1 All equipment in the distribution system up to and including the tariff metering equipment shall be the Council's property and the Council shall be responsible for maintaining the equipment.
- 5.2 The exception is the service cable from the erf boundary to the metering equipment, the electrical installation of the building and the wiring to the metering equipment (inside the building) for which the client will take responsibility.
- In the case of an upgrading, the transformer and the mini substation shall remain the Municipality's property irrespective of the type of upgrading.

6. <u>LEAD TIMES</u>

The applicant shall allow for the following lead times.

- 6.1 Quotations (fully completed application from day of receipt) 25 Working Days
- 6.2 Construction work (after receipt of all payments) 6-8 Weeks
- 6.3 Tax Certificate 6-8 Weeks after Construction is completed

7. <u>HANDELSVERWYSINGS/ TRADE REFERENCES</u>

1. NAAM/NAME				
ADRES/ADDRESS				
TELEFOONNOMMER/ TELEF	HONE NUMBER			
EPOS ADRES/E-MAIL ADDR	ESS			
2. NAAM /NAME				
ADRES/ADDRESS				
TELEFOONNOMMER/TELEP	HONE NUMBER			
EPOS ADRES/E-MAIL ADDR	ESS			
8. OOREENKOMS/A	GREEMENT			
Ek die ondergetekende, doen hie		in die dienste soos uiteenge	esit in hierdie aansoek vanaf	
en verklaar dat alle inligting in hie Ek aanvaar die voorwaardes vir d		nste soos vervat in die Mun	isinale Verordeninge/Releide var	die Raad van die
Stellenbosch Munisipaliteit. Ek on				
koste wat mag ontstaan as gevolg	van (1) die nie-nakoming van e	nige voorwaardes of bepali	ngs van die verordeninge/beleid e	n (2) die nie-betaling van
rekeninge, ten volle te vereffen,e	(b) enige veranderings ten ops	igte van die bogenoemde i	nligting skriftelik aan die Raad te r	apporteer.
Geteken op hierdiedag va	ın20			
Handtekening	Hoe	danigheid		
			_	
I, the undersigned, herewith apply information furnished in this applic	for the supply of the services as	set out in this application	from	and declare that all
I accept the conditions for the sup		s stipulated in the By-laws/l	Policies of the Council of the Mun	icipality of Stellenbosch, I
further undertake to : (a) settle all				
compliance of any conditions or s				
of above mentioned information				
Signed on thisday of	20			
Signed on thisday or	20			
Signature	Capacit	y		
DECLARATION:				
I/We hereby declare as follows:				
That the information as supplied	in this application is, according	to my/our recollection, ac	curate and correct. That I/We ha	ve read, understood.
and agree to comply with the co				
amounts.				
NT NAME & SURNAME:			DATE:	
NATURE:				
			<u>-</u>	

SLEGS VIR KANTOOR GEBRUIK/OFFICE USE ONLY

SIGNATURE:		DATUM:
NAGESIEN DEUR CHECKED BY :/ :Print Name/ Surname		
METERING:		DATE
·	KWIT.NO.	
BULK CONTRIBUTIONI:		DATE
GROOTMAAT BYDRAE:R	-	
CONNECTION FEE:		DATE
AANSLUITINGSFOOI: R	KWIT.NO.	DATUM