

DIRECTORATE: PLANNING & ECONOMIC DEVELOPMENT

www.stellenbosch.gov.za/planning-portal/ SUBMIT COMPLETED FORM TO landuse.enquiries@stellenbosch.gov.za

ZONING CERTIFICATE APPLICATION FORM					Date			
A request for a zoning certificate will only be processed after payment has been received. Ensure that the correct property descriptions are indicated.								
Erf No		Town			Suburb			
Farm No		Farm Portion			Nearest To	wn		
Physical or Street Address of Property					Property / Business Name or Known as			
Applicant Name					Applicant Contact Number			
Applicant Email Address					VAT no (if applicable)			
Name & Surname of party responsible for payment					Street or Postal Address for Invoice			
Is the zoning certificate requ				uired f	ired for a business license		YES	NO
Is the zoning certificate re				equired for a liquor license			YES	NO
If yes, please attach: (a) completed business license application form, indicating the purpose of the license (b) layout plan of premises (where applicable)								
If no, please provide reason why a zoning certificate is required								
INDICATE WHICH OF THE FOLLOWING DOCUMENTATION TO THE ZONING CERTIFICATE APPLICATION				ON IS ATTACHED IND		CANT TO	CUSTOMER INTERFACE	
						YES	NO	VERIFY ☑ *
Completed business license application form, indic purpose of the license (where applicable)				cating	g the			
2. Layout plan for premises (where applicable)								
SIGNED BY APPLICANT					DATE:			
VERIFIED & SIGNED BY CUSTOMER INTERFACE OFFICER					DATE:			

^{*}Verification only of the documentation attached and not the completeness or correctness of that documentation.