



BUILDING CONTROL COMPLAINTS FORM

Surname:
Name:
Address:
Tel (Home): Tel (work):
Cell:

- Buildings Roads Side walk Access Storm water Privacy Other

Residential Address related to complaint:
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Erf Number:

Nature of complaint: (This Application must be accompanied by photos where applicable.)
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Signature: Date:

OFFICIAL USE ONLY

Relevant Department: Inspection Date:

Comments:
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Signature of Inspector: Date:

Comments:
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