



**TOWN & SPATIAL PLANNING  
APPEAL FORM**  
(Sections 78 & 79 of the Overstrand Municipality Amendment By-Law, 2020)

*16 Paterson Street / PO Box 20 HERMANUS, 7200 Tel: 028 313 8900*

**KINDLY NOTE:**

Please complete this form using **BLOCK** capitals and ticking the appropriate boxes.  
Append this form to your letter of appeal which must comply with Annexure E of the Application Form as attached.

**PART A: APPEAL**

Are you appealing against the decision made by the authorised employee or Tribunal?	Y	N	If yes, indicate in Part E 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 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 E.
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 E.
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 E.
Date of decision			Date receiving notice of decision
Who took the original decision?	√	Authorised employee	√
			Municipal Planning Tribunal

**PART B: APPELLANT'S DETAILS**

First name(s)			
Surname			
Company name <i>(if applicable)</i>			
Postal address			
Postal code		Tel / Cell:	
E-mail address			

**PART C: APPELLANT'S PROPERTY DESCRIPTION** *(Property that is affected by proposed development)*

Erf / Erven / Portion(s) or Farm(s)			
Physical Address			
GPS Coordinates		Town/City	

**PART D: PROPERTY DESCRIPTION OF PROPOSED LAND DEVELOPMENT**

Erf / Erven / Portion(s) or Farm(s)			
Physical Address			
GPS Coordinates		Town/City	

**PART E: APPEAL MOTIVATION AND REASONS\***

\* Appeal motivation, information and reasons may be attached.

**PART F: APPEAL FEE (valid from 1 July 2025 to 30 June 2026)**

Erven 150m <sup>2</sup> and smaller	<b>R412.00</b>	Proof of payment must be submitted with appeal. Appeal deposit is refundable should the appeal be <u>upheld</u> .
Erven between 150m <sup>2</sup> and 400m <sup>2</sup>	<b>R773.00</b>	
Erven larger than 400m <sup>2</sup>	<b>R4171.00</b>	

**BANKING DETAILS**

Name: **Overstrand Municipality**

Bank: **ABSA**

Account no.: **322 00000 35**

Payment Reference: Erf number and suburb / Farm number and portion

**PART G: 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		Y	N	Motivation and reasons for appeal
Y	N	Copy of decision and proof of notification		Y	N	Other (specify)

**SECTION H: DECLARATION**

I hereby wish to confirm the following:

- That the information contained in this appeal form and accompanying documentation is complete and correct.
- I'm aware that it is an offense in terms of Section 84 of the said legislation 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:

Date:

\_\_\_\_\_

Full name:

\_\_\_\_\_