CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

DEVELOPMENT MANAGEMENT

INTERNAL APPEAL QUESTIONNAIRE (in respect of appeal in terms of Section 62 of the Municipal Systems Act, Act No 32 of 2000)

Dear applicant

Should you intend exercising your right to appeal in terms of Section 62 of the Municipal Systems Act, Act No 32 of 2000 against Council's decision mentioned in the accompanying decision letter, kindly assist the Appeal Authority in considering your appeal by completing this questionnaire.

Please complete/tick the appropriate boxes below, provide a short motivation for/explanation of your answer, append it to your letter of appeal and submit it together with a copy of the original decision letter being appealed to Melanie Cloete, Legal Services, Private Bag X9181, Cape Town, 8000; or if hand-delivered , to the 20th floor, Civic Centre, 12 Hertzog Boulevard, Cape Town; or if faxed, to 021 400 5830.

Case no _____ (to be completed by an official)

Subject property no _____

Street address _____

_____

Date of original decision (see decision letter) D D M M Y Y Y Y

Date registration/collection/receipt notice of decision D D M M Y Y Y Y

Who took the original decision? (see decision letter) _____

1. Is your appeal based on and primarily concerned with the process followed prior to Council's decision? If "Yes", please explain below. Y N

2. Are you appealing against Council's decision to refuse your application? If "Yes", please explain below. Y N

3. Are you satisfied with Council's decision, but appealing against the conditions of approval imposed? If "Yes", please explain below. Y N

4. Does your appeal contain any new information (for clarification purposes) that was not submitted prior to Council's decision on the application? Y N

   If "Yes", please explain below what is new, and why it was not submitted as part of your original application.

5. Does your appeal involve a revised development proposal different from the one that was considered by the original decision-maker? Y N
   If "Yes", please note that your submission will not be regarded as an appeal, but rather as a new application which should be submitted in the normal manner. Therefore, kindly note that only appeals in respect of the application already considered can be accepted, i.e. you must have answered "No" to this question in order for your appeal to be considered.

6. Any further reasons for the appeal may be set out below.

7. Do you wish to appear in person before Council's Appeal authority to substantiate the reasons for appeal? Y N

8. Please acknowledge that you are aware that a copy of your appeal will be made available to any objectors and/or other interested parties. Y N

9. Is a copy of Council's original decision letter that is being appealed appended to this questionnaire? (Note - a copy must be appended) Y N

Appellant's full names

Postal address

Contact numbers Tel Fax

E-mail

Appellant's signature Date D D M M Y Y Y Y

NOTE: Completed questionnaire to be accompanied by a copy of Council's decision letter being appealed.