Cape Town Events Permit Office

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

10th Floor, Tower Block, Civic Centre, Hertzog Boulevard, Cape Town, 8000
P O Box 16548 , Vlaeberg, 8018, South Africa
Tel : +27 21 417 4035; Fax : +27 86 576 1580
Email: Events.permit@capetown.gov.za

EO | | |

Form – 01

APPLICATION TO HOST AN EVENT IN CAPE TOWN

PLEASE NOTE THAT ALL FIELDS WITH AN ASTERIX *ARE COMPULSORY FIELDS

*** NAME OF EVENT:** PWR PROJECT F_UN_DRAI_SER WITH_MCLAREN CI_RCUS

*** EVENT VENUE (Name & full address)** MAYNARDVILLE PARK, CARNIVAL SITE, CHRUCH STREET _WYNBERG

*** ERF No : #** 6_65_7_3-RE

*** DATE/S OF PROPOSED EVENT :** 16 APRIL - 21 APRIL 2025

SET-UP: 14 & 15 APRIL 2025 **STRIKE DOWN** 21 APRIL 2025

*** TIMES OF EVENT (FOR EACH DAY) :** 15:00 - 17:00 & 19:00 - 21:00

*** SIZE OF EVENT: Please Tick The Relevant Box** **Participants & Spectators**

Small	200 – 2000	X
Medium	2001 – 5000	
Large	5001 – 10 000	
Very Large	10 001 + above	

*** NUMBER OF SPECTATORS :** 700 PAX

(NB. Specify for each event day)

*** NUMBER OF PARTICIPANTS:** 25 PAX

(NB. Specify for each event day)

*** EVENT ORGANISER/RESPONSIBLE PERSON:** KARL HILDEBRANDT

*** PERSON MAKING THE APPLICATION** *(if not Event Organiser)* **:**

*** COMPANY/ ORGANISATION NAME :** PWR PROJECT NPO

*** DESIGNATION :** CHAIRPERSON *** TEL:** [redacted] *** CELL:** [redacted]

*** EMAIL :** [redacted] **FAx:**

*** TYPE OF EVENT: PLEASE TICK THE RELEVANT BOx**

Sports/Action		Launch/ Exhibition	
Concert/Music Festival		Corporate/Private Party	
Charity Fundraiser/Run/Walk	X	Night Market /Switch on of Festive Lights	
Carnival		Religious Festival/ Event	
Fete, School Carnival etc.		Cultural/Minstrel Events	
Weddings/ Birthdays, etc.		Fireworks/ Pyrotechnic Displays	
Ceremonial Event/Annual ritual		CCT Corporate Event	
Market (Occasional)			
Other – Please Specify: TRADITIONAL CIRCUS			X

BRIEF DESCRIPTION OF EVENT: *(PLEASE ATTACH ADDITIONAL DOCUMENTS AS PER CITY'S EVENTS PACK*

PWR PROJECT WILL BE HOSTING MCLAREN CIRCUS, AS A FUNDRAISER. THIS TRADITIONAL CIRCUS IS SOUTH AFRICA'S ONLY TRAVELLING CIRCUS.

*** WARDS/Sub-Councils impacted by event:**

WARD 62	

(NB. If event includes a celebratory march or procession, complete Form 01 - Annexure A)

* EVENT REQUIREMENTS: * 1-9 = Compulsory Fields – must be completed!

1. **ROAD CLOSURES REQUIRED**? : NO [X] YES [ ] *IF YES, PLEASE PROVIDE DETAILS.*
   - ROADS : _____
   - SECTION OF ROAD(S) _____
   - TIMES: _____

2. **TRAFFIC CONTROL REQUIRED**? **NO** [X] **YES** [ ] *if yes please provide details*
   - SECTION OF ROAD(S) : _____
   - TIMES: _____

***NB**. Depending on the extent of the Road Closures and/or Traffic impact a detailed Transportation Management Plan may be required.*

3. **AMPLIFIED SOUND/PA SYSTEM**? NO [ ] YES [■] *Kindly complete Application for Noise Exemption form **(form 03)***

   DETAILS: BASIC PA SYSTEM, TO MAKE ANNOUNCEMENTS & PLAY MUSIC

4. **STRUCTURES / MARQUEES / TENTS?** NO [ ] YES [■] *If yes please provide details and complete erection of temporary structure form **(form 05)***

5. **GROUND DISTURBANCE** *(e.g. driving pegs, spikes, marquee/stage anchors, , earthing rods, etc. into the ground)*

   NO [ ] YES [■] *If yes, please apply for way-leave from Electricity Department: (Area: North - 021 5063949, South - 021 7635650, East - 021 9187029)*

6. **VENDING/CATERING / FOOD STALLS**: NO [ ] YES [■] NUMBER OF FOOD STALLS: 2

   NB. *Certificates Of Acceptability are required for foodstalls*

   - LP GAS USAGE: NO [ ] YES [ ] *IF YES PLEASE PROVIDE DETAILS*

   DETAILS: EACH FOOD TRAILER IS FITTED WITH 2 X 9 KG GAS BOTTLES

7. **ALCOHOL SALES/CONSUMPTION**: NO [X] YES [ ] *IF YES please provide copy of Liqour License*

   Alcohol Sale/Consumption Hours : From ……. To:……

   The granting of an Event Permit by the City of Cape Town does not authorize the sale/consumption of alcohol. A separate application must be made to the Liquor Licensing Tribunal of the Western Cape Liquor Authority.

8. **PUBLIC LIABILITY INSURANCE**? NO [ ] YES [X] *If Yes, Please Provide Proof/Details*

9. **OTHER CITY SERVICES REQUIRED**: *NB: Provision of City Services may be charged as per applicable tariff/s.*
   - ELECTRICITY? NO [■] YES [ ] *If yes please provide details*

     DETAILS : SHOULD A 3 PHASE POWER SUPPLY BE AVAILABLE, WE WOULD LIKE A CONNECTION
   - WATER? NO [■] YES [ ] *if yes please provide details*

     DETAILS : WE REQUIRE A WATER SUPPLY POINT FOR ANIMAL DRINKING WATER AND GENERAL CLEANING
   - WASTE REMOVAL? NO [■] YES [ ] *if yes please provide details*

     DETAILS : _____
   - Any other requirements _____

SIGNATURE : _____ **APPLICATION DATE :** 23/01/2025

PLEASE NOTE:
Submission of this application does not mean the City has approved your event.
Please liaise with the Events Permit Office regarding the approval process and any additional information required.
Your Event may only proceed once the City formally gives approval and a permit is issued.

APPLICATION FOR AN EVENT IN CAPE TOWN

Form – **01 - A**

ROUTE DESCRIPTION

To be completed if event occurs along a route.
Includes a CELEBRATORY procession/march (i.e. other than in terms of the Gatherings Act.)
This may be replaced/supplemented by route map (graphic road map, Google map, etc. clearly depicting start/finish, route, directions, marshaling and refreshment points, etc.)

START Venue		**END Venue:**	
Time		**Time**	

ROUTE:

MASHALLS	
Race Director:	**Cell No**
Head Marshall:	**Cell No.**
No of Marshalls:	*Please attach Marshaling Plan*

Form 02

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

SAFETY AND SECURITY
EVENTS
CAPE TOWN FILM & EVENTS PERMITTING OFFICE

Terence Isaacs
Head: Film & Events Permitting

T: +27 21 417 4022 **F**: +27 86 576 0617
E: Film.permits@cpetown.gov.za
E: Events.permit@cpetown.gov.za

INDEMNITY FORM :

I, KARL HILDEBRANDT *(print full name)*

ID No. [redacted] in my capacity as CHAIRPERSON *(designation)*

of PWR PROJECT *(full name of institution/company)* being duly

authorised hereto on behalf of the aforementioned institution with regard to

PWR PROJECT FUNDRAISER WITH MCLAREN CIRCUS , *(state purpose/event)*

with full knowledge of such declaration, declare as follows:

1. The Company hereby indemnifies and holds the City, its directors, agents and servants harmless against:

   a. any damage to the City's property, whether movable or immovable, including any consequential damage or loss directly or indirectly flowing from physical damage to such property or any act or omission on the part of the Company, its servants or agents;

   b. liability in respect of any claims which may be lodged or instituted against the City arising out of damage to the property, whether movable or immovable, of a ny third parties, including any consequential damage directly or indirectly flowing from physical damage to such property;

   c. liability in respect of the death or injury to any person, including a servant of the City, and any consequential damage or loss flowing therefrom; and

   d. any legal cost or expenses reasonably incurred in connection with claims or ac tions arising out of the foregoing, whenever the damage, loss, injury or death co ntemplated in (a),(b),or (c) above is due to or arises out of, whether directly or indirectly, the event or activities specified above.

2. In addition, the Company shall have no claims against the City in the event of it being under-insured or should their claims being repudiated.

3. It is specifically recorded that this indemnity conferred upon the City shall not extend to damage, loss, injury or death which is predominantly due to the mi sconduct or gross negl igence of the Ci ty or of any serv ant of the City acting within the course and scope of his or her employment.

Signed on this 23 day of JAN 20 25 at CAPE TOWN *(place)*

..... 23/01/2025
SIGNATURE DATE

WITNESSES: .....
SIGNATURE

....
DATE

.....
SIGNATURE

.....
DATE

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Form 03

CITY OF CAPE TOWN
HEALTH DEPARTMENT

NOISE EXEMPTION APPLICATION IN TERMS OF REGULATION 12 OF THE NOISE CONTROL REGULATIONS P.N. 200/2013 MADE UNDER SECTION 25 OF THE ENVIRONMENT CONSERVATION ACT, 1989 (ACT 73 OF 1989).

1. Name of owner/manager of the business/premises: DAVID DALLAS MCLAREN

2. Name of Company or Organisation (if applicable): MCLAREN CIRCUS

3. Applicant: KARL HILDEBRANDT
   Phone No: [redacted]
   Fax No:
   Email [redacted]

4. Name of Event: PWR PROJECT FUNDRAISER WITH MCLAREN CIRCUS
   Event location: MAYNARDVILLE PARK, CARNIVAL SITE, CHRUCH STREET,

5. Date of event: 16-21/04/2025 Times of event: Start 14:00 Stop 21:30

6. Sound checks (if any): Date: 23/01/2025 Start and end times:

7. Responsible Person: DAVID MCLAREN
   Cell Phone No: [redacted]

8. Noise source (eg. live band, D.J., microphone, construction equipment, etc): PA SYSTEM & MICROPHONE

9. Is event: Indoor X Outdoor Number of guests: UP TO 700 PAX

10. Existing and/or proposed measures in place or to be adopted to limit the noise at source.
    SOUND IS ONLY FOR BACKGROUND MUSIC AND TO MAKE ANNOUNCEMENTS, FACING AWAY ANY RESIDENTIAL AREA

Signature of Applicant: _____ Date: 23/01/2025

Complete this portion of the application if your event is in or near a residential area.. **ALL surrounding residents that are likely to be impacted by the noise,** are to **SIGN** the application below and indicate if they AGREE or DISAGREE with the issuance of a Noise Exemption for the specified event. Council reserves the right to request additional measures should this be deemed necessary.

Event Description	**Day of Week**	**Date**	_____ to _____ **Time of event**

Name	Address	Phone	Agree or Disagree	Signature

I certify that the above signatures are valid and that they represent **ALL** affected properties..

Signature of Applicant

Date

The following documentation must be submitted with this application:-

1. A site plan indicating the following
   1.1 Surrounding residential premises,
   1.2 The position of the possible noise sources
   1.3 The direction of the possible noise sources
   1.4 Distances from noise sources to surrounding residential premises.
   1.5 Positions of possible standby generators

2. A letter of consent from the owner/body corporate and that he/she/they are aware of the proposal.
3. Written comment from the Local Ward Councilor regarding the noise exemption being issued.
4. Written comment from the Local Rate Payers Association regarding the noise exemption being issued.

The Head: Environmental Health Practitioner for that specific sub-district reserves the right to ask for further requirements before issuing a Noise Exemption.

An application would be considered incomplete if any of the above requirements are not completed or attached to the application and will **not** be processed.

A fully completed application must be submitted to Council at least 15 (fifteen) working days prior to the commencement of the event. Failing this the application shall not be processed.

It must be noted that the exemption shall not take effect before the applicant has undertaken in writing to comply with all conditions imposed by a local authority. If activities commence before the undertaking has been submitted to the local authority concerned, the exemption shall lapse.

The Events Office must receive the signed Noise Exemption at least 3 (three) working days prior to the event. Failing this the exemption shall lapse.

PENALTIES

In addition, it must be noted that any person who contravenes or fails to comply with a provision of these regulations shall be guilty of an offence and liable on conviction to a fine or imprisonment for a period not exceeding two years, or to both such fine and such imprisonment.

APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES IN THE CITY OF CAPE TOWN

A. PERSON IN CHARGE:

Details of the person in whose name the certificate of acceptability must be issued.

SURNAME	MCLAREN	
FIRST NAME (S)	DAVID	
I.D. / Passport Number	[redacted]	
	Copy of RSA identification document attached.	
	Copy of valid passport attached, if applicable.	
	Copy of Resident documentation attached, if an immigrant.	
	Copy of the Company / Close Corporation Registration Certificate indicating all Directors / members and addresses attached, if applicable.	
Postal address		
Residential address	[redacted]	
Tel No: Business		
Tel No: Residential		
Cell No:	[redacted]	
[redacted]	[redacted]	

B. PARTICULARS OF FOOD PREMISES / OWNER OF VEHICLE:

Name of Food Premises / Business / Trading Name (if any)	MCLAREN CIRCUS	
Physical Address (Food Premises)	Building Name (if applicable)	
	Shop Number (if applicable)	
	Floor level (if applicable)	
	Street Name and Number	
	Suburb	
	Erf Number (if applicable)	
Type	Formal	Informal x
Postal Address (Food Premises)		
Physical Address (in the case of a business solely in the business of transporting perishable food on behalf of someone else)		
Postal Address(in the case of a business solely in the business of transporting perishable food on behalf of someone else)		

Vehicle(s) to be used for the transporting of Perishable / Prepacked Foodstuffs [Regulation 3(1)(a) and 14(6)(a)]	Registration Number Registration Number Registration Number	DC 72 YT GP DK 25 KW GP
Type of Food Premises(e.g. building, vehicle, stall)[Regulation 3(1)(a)]	TRAILER	
Webpage, if applicable		
GPS Co-ordinates, if available		

If the following are not situated on the food premises, note the address or describe the location thereof:

	Erf No.	Address
Sanitary (toilet) facilities	66573-RE	MAYNARDVILLE PARK, CARNIVAL SITE, CHRUCH STREET, WYNBERG
Cleaning facilities (wash basins for facilities)		AS ABOVE
Hand washing facilities		AS ABOVE
Storage facilities for food/facilities		AS ABOVE
Preparation premises:		AS ABOVE

C. FOOD CATEGORY:

List and describe the food items or nature or type of food involved:

HOT DOGS, BOEREWORS ROLLS, PANCAKES, HOT DRINKS, BOTTLED COLD DRINK, WATER,
POPCORN & CANDY FLOSS

D. QUANTITIES OF FOOD TO BE HANDLED:

Indicate envisaged production output or number of persons to be catered for:

E. NATURE OF HANDLING:

List and describe what your activities will entail (e. g. preparation or packing and processing):

PREPARATION AND PACKAGING 2 HOURS PRIOR TO EACH PERFORMANCE

F. STAFF:

Number of persons employed or to be employed:

Males	2	**Females**	6	**Total**	8

G. PARTICULARS OF EXEMPTION BEING APPLIED FOR: [Regulation 14(1)]

H. PLAN OF PREMISES: [Where applicable]

Attached to this application, a lay out plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.

I. PARTICULARS OF APPLICANT: (If not also the person in charge)

NAME	KARL HILDEBRANDT	
CAPACITY (e.g. owner, managing director, manager)	CHAIRPERSON & EVENT PLANER	
I.D. / Passport Number	940203 506 8088	
	Copy of RSA identification document attached.	
	Copy of valid passport attached, if applicable.	
	Copy of Resident documentation attached, if an immigrant.	
	Copy of the Company / Close Corporation Registration Certificate indicating all Directors / members and addresses attached, if applicable.	
Postal address		
Residential address	[redacted]	
Tel No: Business		
Cell No:	[redacted]	
E-mail:	[redacted]	

J. DECLARATION:

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)(c)].

The evaluation and the issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health Practitioner.

Should conditions change as set out in Regulations 3 (5) - (10), I am bound to re -apply for the premises to be re- evaluated for acceptability under these Regulations.

Date of application: 23/01/2025……

Signature of person in charge: ……

Signature of owner (if not person in charge): ……

FOR OFFICIAL USE ONLY

APPROVED: ……
DATE: ……
CERTIFICATE NO.: ……

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Form 05

SOLID WASTE MANAGEMENT
FORM: EVENT WASTE MANAGEMENT PLAN
(To be submitted to Solid Waste Management at least 21 days prior to the event. Approval can only be given for an event once this plan is signed off by Solid Waste Management.)
ALL SECTIONS/QUESTIONS NEED TO BE COMPLETED IN FULL[1]

SECTION 1: GENERAL INFORMATION												
Name of organisation /NPO: PWR PROJECT												
Name of person responsible: KARL HILDEBRANDR												
Municipal account number/cost centre:												
Tel:			**Cell:** [redacted]									
Fax:			**E-mail:** [redacted]									
Postal [redacted] **Postal code:** [redacted]												
Name of event: PWR PROJECT FUNDRAISER WITH MCLAREN CIRCUS												
Event description: FUNDRAISER WITH TRADITIONAL CIRCUS												
Date(s) of event:	**Start date:** 16 APRIL 2025								**End date:** 21 APRIL 2025			
Duration:	**Start time:** 14:00								**Finish time:** 21:00			
Venue name: MAYNARDVILLE PARK, CARNIVAL SITE												
Venue street address: CHRUCH STREET, WYNBERG **(Incl. suburb):** WYNBERG												
Venue type	Sports ground		Public property		Open field	X	Private property		Other		Specify: OPEN PARK	
Estimated number of people attending event:												

SECTION 2: CLEANING OF VENUE AND SURROUNDINGS Note: Should the event impact on public areas, such as roads and sidewalks around the venue, a plan must be attached to this form, describing how you will ensure the area is clean and litter-free after the event.

2.1 Cleaning of the venue (please complete A or B plus C)		
A: Private property		
Have arrangements been made with the venue owner for cleaning inside the property perimeters?	**Y/N**	Y
(If yes, give details) WE WILL ENSURE DURING THE EVENT AND AFTER EVENT THE SITE IT WILL BE IN THE SAME CONDITION AS ON ARRIVAL		
B: Open public property		
Has provision been made for cleaning this property?	**Y/N**	Y
(If yes, give details) WE WILL ENSURE DURING THE EVENT AND AFTER EVENT THE SITE IT WILL BE IN THE SAME CONDITION AS ON ARRIVAL		
C: Service provider details (for A or B above)		
Have you contracted an accredited cleaning service provider? **(If yes, complete details below)**	**Y/N**	Y
Name of service provider: SKIP FREAKS		
Contact details: +[redacted]		
Accreditation number:		
2.2 Cleaning of the venue surroundings		
Have you made provision for off-street parking for attendees of your event?	**Y/N**	Y
What cleaning services have you arranged for the area where people will be parking, so as to ensure clean surroundings (50 m – 100 m radius surrounding venue) once event is finished? **(Please complete details below.)** WE HAVE TWO MARSHALLS THAT PATROL THE SITE BEFORE, DURING AND AFTER EACH PERFORMANCE. THEY WILL ENSURE THE SURROUNDING PARKING IS MAINTAINED AND CLEANED		

(Give details of company hired, number of labourers, method of transport and disposal of waste, etc. Note: A landfill receipt must be submitted to Solid Waste Management as proof.)

SECTION 3: WASTE COLLECTION AND RECYCLING

3.1 Have you contracted an accredited waste collection service provider[2]? (If yes, complete details below.)	**Y/N**	N
Name of service provider:		
Contact details:		
Accreditation number:		
(If no, the City of Cape Town offers 240 4 refuse bin hire and servicing to event organisers. Complete details below.)		
Number of refuse bins required:		
Date(s) for refuse bins to be serviced (please include all details below):		

Date for refuse bins to be delivered:	Date for refuse bins to be retrieved:

3.2 Have you contracted a recycling service provider[3]? (If yes, complete details below)	**Y/N**	N
Name of service provider:		
Contact details:		
Accreditation number:		
(If no, the City of Cape Town offers 240 4 recycling bin hire to event organisers. Complete details below.)		

Would you require recycling bins to be provided?			**Y/N**	
If yes, number of recycling bins required:	Date for recycling bins to be delivered:		Date for recycling bins to be retrieved:	

3.3 Please indicate when cleaning and removal of waste will be completed after the event[4].

Date: 22 APRIL 2025	**Time:** 17:00

Note: Upon approval of section 2 and 3 of the Waste Management Plan, the applicant will be provided with quotations for (i) cleaning services and (ii) refuse bin hire and servicing and/or the recycling bin hire, where applicable, should Council services be required. Approval to hold the event will, inter alia, depend on acceptance of the quotations and payment being made prior to the event. Where events organisers either use private companies or their own labour, Solid Waste Management will still levy a charge for inspection after the event. Should cleaning not be done at an acceptable level, the Solid Waste Department will clean up and charge the event organiser for the services. The City does not provide a recycling bin service. An accredited recycling service provider should service the recycling bins.

SECTION 4: AUTHORISATION **For office use: Solid Waste Management**

Head: Events Management:				**Date:**	
Approved:			**Not approved:**		
Comments:					

[1] If your application is incomplete it will be considered as INSUFFICIENT INFORMATION and your Waste Management Plan will not be approved.
[2] This may be same service provider as the cleaning service provider.
[3] This may be same service provider as the cleaning or waste collection service provider.
[4] It is expected that all public areas affected by the event be clean and litter free by 06:00 the morning after the event.

Form 06

A. Population Certificate Application

For official use only Permanent / Temporary **(Delete which is not applicable)** Application No. _____ File No. _____	

Population Certificate Application

Application for a Population Certificate is made in terms of Section 21 (1) of the Community Fire Safety By-law.

Name of applicant:	Telephone No.
KARL HILDEBRANDT	Cell No. [redacted]
Name of business: PWR PROJECT & MCLAREN CIRCUS	Telephone No.
	Cell No. [redacted]
Type of business, e.g. bar, nightclub etc: TRADITIONAL CIRCUS	
Erf No:	66573-RE
On what floor of the building is the venue situated i.e. ground, 1st etc? TENT	
Street address: CHURCH STREET	
Suburb: WYNBERG	Code 7441

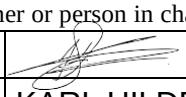
Details of Premises

How many floors does the building have?	1	How many floors are occupied by the venue for which this application is being made?	1

Square metres of usable area per floor of venue Indicate a separate square meterage for each floor occupied by the venue in the blocks below	**Expected Population** 700 PAX
1024 M3	**Number of exits per floor** Indicate exits per floor separately in the blocks below

Floor ( )	Floor ( )	Floor ( )	Floor ( )	Floor ( )	Floor ( )	Floor (G)	Floor ( )	Floor ( )	Floor ( )	Floor ( )	Floor ( )
						6					

The controlling authority may refuse to issue the certificate applied for if the premises do not comply with the requirements of the National Building Regulations.
The controlling authority may prescribe any additional conditions deemed necessary to render the premises safe prior to the issuing of the certificate.
The certificate is valid only for the premises for which it is issued and is not transferable.
If the occupancy or ownership of the premises change, the owner or person in charge must apply for a new certificate.

Signature of applicant	
Print Name	KARL HILDEBRANDT
Date	23/01/2025
Address	[redacted]
For Controlling Authority: (Signature)	
Print Name	
Date	

A certificate fee of R is payable to **THE CITY OF CAPE TOWN** in respect of this application and the subsequent inspection.

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Form 07

APPLICATION FOR THE ERECTION OF A TEMPORARY STRUCTURE IN TERMS OF NATIONAL BUILDING REGULATION A23 AND THE COMMUNITY FIRE SAFETY BY-LAW:

TENT ☐ STAND/STAGE ☐ EXHIBITION/STALL ☐

Name of Applicant: KARL HILDEBRANDT
(Person in Charge/Event Organiser/Owner)

Event Address: MAYNARDVILLE PARK, CARNIVAL SITE, CHRUCH STREET, WYNBERG

Erf No: 66573-RE

OFFICE USE ONLY:
APPLICATION DETAILS:

1. Application No
2. Receipt No
3. Has all required information been furnished?

DEPARTMENTAL CLEARANCES REQUIRED FOR SCRUTINY PURPOSES

CHIEF OF FIRE AND EMERGENCY SERVICES	BUILDING DEVELOPMENT MANAGEMENT	OTHER

City of Cape Town
Building Development Management

Approved:
(Subject to the attached conditions)

For Director:
Planning and Building Development Management

Approval period:

Lapse date: D D M M Y Y Y Y

continued

APPLICATION TO ERECT A TENT/EXHIBITION STALLS AND/OR TEMPORARY SEATING STAND/STAGE IN TERMS OF SECTION 4(2) OF ACT NO 103 OF 1977 AND BY-LAW 11257 RELATING TO COMMUNITY FIRE SAFETY AND ANY AMENDMENTS THERETO.

I, the undersigned, hereby apply for permission to erect a Tent/Exhibition Stalls and/or Temporary Seating Stand/Stage in accordance with the particulars given below and the plans attached hereto:

DETAILS OF THE APPLICANT (Person in Charge/Event Organiser/Owner)

Full name

Postal address

Signature

Telephone number

Fax number

Email address

DETAILS OF THE OWNER OF THE PROPERTY (if different from the applicant)

Full name

Postal address

Signature

(If this is not the property owner's signature, please attach a Power of Attorney or authority from the owner)

Telephone number

Fax number

Email address

DETAILS OF THE PREMISES ON WHICH THE TENT/EXHIBITION STALLS AND/OR TEMPORARY SEATING STAND/STAGE IS TO BE ERECTED

Address of premises

Erf number

4. DETAILS OF THE PROPOSAL

Indicate what the application is for: TENT ☐ STAND/STAGE ☐ EXHIBITION/STALL ☐

Is this a private event/function? ☑ ☐

Size (m^2) and dimensions of Tent/Stand and the seating capacity

continued

Use of Tent **TO HOST CIRCUS PERFORMANCE**

Date / duration of use of facility 13 04 2025 to 21 04 2025

Will the event occur during the hours of darkness? (If so, illuminated 'EXIT' signs and emergency lighting and standby power must be provided.)

Are there cooking facilities? (If so, provide details, including washing-up details.) Y N

Is there an electrical power supply? (If so, a Compliance Certificate is required.) Y N

CHECKLIST OF PLANS/DOCUMENTS ATTACHED BY APPLICANT

	Attached	Not Attached
Letter/of consent from of registered owner of property/ leasee of property	x	
Site plan (minimum scale 1:200) (See notes below.)	x	
Drawings showing structural detail	x	
Competent Person's appointment form	x	
Fire Brigade access indicated	x	
Details of any gas installation	x	
Toilet facilities indicated, and anticipated peak population	x	

I,

(Name of applicant/Person in charge/Event organiser/ Owner)

declare that to my knowledge the above information is correct.

Signature: 

Date:

Important Notes:

1. The erection of any Temporary Seating Stand accommodating more than 110 people will require the appointment of a Competent Person.
2. The erection of a Tent that will accommodate more than 110 people will require the appointment of a Competent Person.
3. The site and layout plans (two copies required) must indicate the street address, the position of all proposed structures, the positions of tables / chairs / stage, the fire escapes and fire equipment, and details of the materials to be used in the construction of stalls.
4. Where the population of any tent exceeds 25 persons, at least two escape exits are required.
5. Seating, aisles and escape routes are to comply with SANS 10400 – 4.49.
6. For Temporary Seating Stands the requirements of SANS 1169 and SANS 10400 must be fully complied with in all respects. Where there are discrepancies or ambiguities between the two documents, the requirements of SANS 10400 take precedent. The recommendations contained in the report on Temporary Demountable Structures published by the Institution of Structural Engineers, London, should also be complied with.
7. Full details of cooking and washing-up facilities must be provided.

Conditions:

1. There must be a clear space of at least 4,5 metres on three sides of each tent to allow for a free means of egress and access for emergency appliances.
2. All tent fabric of compliance of a fire-resistant material or shall be treated with a fire-resistant solution of flame retardant. A copy of a certificate shall be signed by a Competent Person and shall be available on request.
3. No cooking, open flame or fires will be permitted in any tent or within five metres of any tent.
4. No smoking is permitted within a tent and 'NO SMOKING' signs are to be permanently displayed at all entrances.
5. Lighting and wiring installed in a tent must comply with the requirements set out in SANS 10142 (All Parts) in such a manner that direct contact is not made with combustible material and the radiated heat does not pose an ignition hazard.
6. A maximum of 38kg LP Gas is permitted per tent (one 19kg supply container and one 19kg reserve container).
7. Fire extinguishers are to be provided at a rate of one (1) per every 100m^2 or part thereof.
8. Fire extinguishers to be placed in easily accessible and visible positions and shall be properly indicated with signage.
9. Population shall be in accordance with Occupancy Classification A1 of SANS 10400 or in accordance with the approved seating plan.
10. All emergency signage shall be SANS-approved and comply with SANS 1186 (All Parts).
11. Where emergency lighting is required, it shall comply with SANS 10400-4.30.
12. Access for the disabled shall be provided in accordance with Part S of SANS 10400.

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

ENVIRONMENTAL AND HERITAGE MANAGEMENT
BRANCH: ENVIRONMENTAL CONTROL SECTION

APPLICATION FOR A NON PROFIT BODY TO DISPLAY TEMPORARY SIGNAGE ON MUNICIPAL LAND:

Applicants are to complete this form and submit to the Environmental Control Section, attention: mark.double@capetown.gov.za or to Debbie.evans@capetown.gov.za for assessment in terms of the Outdoor Advertising and Signage By-law.

Permit Number: (office use only)_____

Date Of Application: 23/01/2025

Name Of Host: _____

Name Of Organisation/Non-Profit Body: PWR PROJECT

Non-Profit Registration number/W O Number, (where applicable): 160-580 NPO

Details/type Of Event: CIRCUS FUNDRAISER

Date Of Event: 16/04/2025 - 21/04/2025

Venue: MAYNARDVILLE PARK, CARNIVAL SITE, CHRUCH STREET, WYNBERG

Please complete :

TYPE OF TEMPORARY SIGN/S PROPOSED:

Type of sign	Size/s	Type of material	Number	Sponsor/ commercial branding?	Illumination y/n
Banners	1M X 3M	PVC	3		N
Flags/feather flags					
Balloons					
Loose portable signs					
Moveable signs (eg. Gazebo's with branding)					
Trailers	6M		8	STORAGE TRAILERS	N
Posters- apply seperately					
Other- please specify					
SIGN CONTENT AND DETAILS					
Will any sign contain any 3rd Party sponsors or commercial branding?	Y/N	Y			
Please show by way of a photomontage, the proposed graphics to be displayed	ATTACHED y/n				
is the actual graphic illustrated in your application?	Y/N				
What will the duration or hours or days		SHOW TIMES 3 PM & 7:30 PM			

Type of sign	Size/s	Type of material	Number	Sponsor/ commercial branding?	Illumination y/n
of display be?					
Does the sign require or contain any moveable parts, animation, make use of a generator, motor or air pump for it's display?	Y/N	N			
SITE PLAN DETAILS					
Please attach a site plan, indicating proposed position of temporary signs including road traffic signs and commercial signs within 80 metres of the site.	Attached Y/N				
Please attach drawings showing structural details (if required)	Attached Y/N				
Are the proposed signs on the premises of a non−profit body?	Y/N	Y			
Is the sign being proposed on Municipal or private land?	Municipal □ Private □				
What is the actual use of the property at present		SCHOOL			
Will the sign, sign structure or any part of it be displayed so as to obstruct the view from any window or other opening of a building	Y/N	N			
Will the sign be visible from a Class 1 Designated Metropolitan Road (freeways and expressways)?	Y/N	N			
Will the sign be visible from a prohibited route or scenic drive?	Y/N	N			

Host's Signature & Capacity: _____

Telephone: _____ Cellular: _____

Applicant's Signature & Capacity:  CHAIRPERSON & EVENT ORGANISER

Telephone: _____ Cellular: [redacted] _____

Environmental Control Comments only:

Approved – no further requirements□ Not approved/ further details required □

Reasons/ comments: ……

……

Name:……. Capacity:…….. Date: ……..

For **Environmental Control Section**