

BCO - 007

## BUILDING CONTROL DIVISION

### MUNICIPAL OFFICES:

P.O. Box 72, KwaDukuza/Stanger.4450

Tel: 032 – 4375000 : Fax.: 032 – 551 1221

P.O. Box 5, Ballito. 4420

Tel: 032 – 946 8000 : Fax: 032 – 946 8067



### PLUMBER'S COMPLIANCE CERTIFICATE

Name of Owner	
Plan Number	
Erf Number	
Street Address	
Township	

Name of Plumber/Drainlayer	
Name of Company	
Address	
Tel. Number	
Registration Number	

### NATURE OF WORK CARRIED OUT:

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I hereby confirm that I am a Plumber Drainlayer as defined in Regulation A18 of the National Building Regulations and Building Standards Act (Act 103 of 1977) as amended, and confirm that the Plumbing / Drainage work for the above mentioned premises, was carried out by myself or by persons under my supervision in strict accordance with Part P of the National Building Regulations and Building Standard Act (Act 103 of 1977) as amended.

Signature of Registered Plumber/Drainlayer	
Date	
Owner's Signature of Acceptance	
Date	

### BUILDING INSPECTOR'S COMMENTS:

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Name of Building Inspector

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Signature of Building Inspector

Date: \_\_\_\_\_