



FORM F.1

REPUBLIC OF NAMIBIA

---

MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION

---

Tel.: (061) 206 6111

Private Bag 19005

Fax: (061) 212 323

32 Mercedes Street

Enquiries:..... E-mail: .....

Khomasdal

Our Ref: ..... Your Ref.: .....

WINDHOEK

**LABOUR ACT, 2007**

**APPLICATION FOR APPROVAL OF PLANS**

In terms of regulation 19 of the Regulations relating to the Health and Safety of employees at Work made under the Labour Act, 2007 (Act 11 of 2007)

**TO:** The Executive Director  
Ministry of Labour  
Private Bag 19005  
32 Mercedes Street, Khomasdal  
**Windhoek, Namibia**

**ATT:** The Chief Inspector  
Occupational Health and Safety  
Tel: (061) 2066111 Fax: (061) 212323

**CHEQUE**

1. I/we\* herewith submit plans, including cross-sections and elevations, for new buildings, or structural alterations or additions to any building, the whole or any portion of which is or will be used as a factory to be erected on, or address of existing building to which the alterations have to be affected-

*\*(delete whichever is not applicable)*

Erf No:.....

Street or road: .....

2. Name of architect: .....

Address: .....

.....

Telephone No: .....

Contact person's name: .....

3. Name of owner of property: .....

Address: .....

.....

Telephone No: .....

4. Name of Factory: .....

5. Name of occupier: .....

Address: .....

.....

Telephone No: .....

6. Main Activities conducted on the premises: .....

.....

.....

.....

7. Walls to be constructed of .....

.....

Roofing material to be used .....

.....

Material to be used for ceilings .....

.....

Type of floors .....

.....

Minimum height of walls in any room to be used for factory purposes

.....

8. Means of water supply .....

.....

9 Type of closest (water-borne, sewer-borne, pail or pit closet) .....

10. maximum number of persons to be employed-  
Male ..... Female ..... Total .....

.....  
Date Signature of Occupier

11. Plan Approval Fees Formula

T= Total Square Area Area=.....m<sup>2</sup>

A= T- 92.9

B= A÷ 92.9

C= B× 50

D= C+ 50

=N\$......

**FOR USE BY INSPECTOR**

Plan received (Date and time) .....

Plan approved/disapproved .....

Plan returned (Date and time) .....

Fee paid ..... Plan number .....