Province of the
EASTERN CAPE
ROADS AND PUBLIC WORKS

Spatial Requirements

To be completed for each building

Department:	Social Development ED	District	Joe Gqabi
Town:	Mt Fletcher	Building:	-

AREA PER LEVEL	m²
16	28
15	24
14	20
13	16
11-12	12
SEC	12
9-10	9
ADMIN	6
DRIVER / CLEANER	3
PLUS CIRCULATION	10.00%

** Please do not alter the table above **

Support Areas			Supporting which Component	
Description	Qty	m²	Component Name	Area Req
Reception	1	12		12
Waiting Area	1	20		20
Store Room	4	40		160
Strong Room	4	40		160
Registry	2	50		100
Main Boardroom	2	40		80
Sick Bay	1	12		12
Cleaner Store Room	1	12		12
Pause Room	5	12		60
Server Room	1	12		12
Other Please Specify				
Control Room	0	0		0
Store Room	3	25		75
Mini Boardroom	4	20		80
Kitchen	1	12		12
			Sub Total	795

Office area Requirements		Levels									Area Req:
	Component	16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m²
1	NELSON MANDELA	0	0	0	1	20	0	30	50	10	941.6
2	SARAH BAARTMAN	0	0	0	0		0				0
3	Edit Name	0	0	0	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0	0	0	0
										Sub Total	0

Complied by: _____ Verified by: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Approved by: _____

Date: _____

Signature: _____

Additional Cellular Offices		Levels						
	Component	12	11	10	9	8	7	PA
1	Edit Name	0	0	0	0	0	0	0
2	Edit Name	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0

Spatial Summary		
Space Type	Area	
Office Area	941.8	m²
Support Area	795	m²
Total area	1736.8	m²
plus 5% 3 year growt	148.45	
OTAL USEABLE ARE	1885.25	m²

Note: Cellular offices only for level 13 and above, If additional offices are required for specialized services please in the above table - Motivation letter to accompany this document.

Remarks / Comments:

Complied by: _____ Verified by: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Approved by: _____

Date: _____

Signature: _____