Province of the
EASTERN CAPE
ROADS AND PUBLIC WORKS

Spatial Requirements

To be completed for each building

Department:	SOCIAL DEVELOPMENT	District	CHRIS HANI
Town:	TARKASTAD	Building:	TBA

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	
Description	Qty	m²	Component Name	Area Re
Reception	1	12		12
Waiting Area	1	20		20
Store Room	3	12		36
Strong Room	1	20		20
Registry	1	50		50
Main Boardroom	2	40	with a wooden consertina door inbetween	80
Sick Bay	1	12		12
Consulting Room	6	12		72
Childs Play room	1	20		20
Server Room	1	12		12
Other Please Specify				
Public toilets	3	6	1x Unisex, 1 Male, 1 Female	18
Cleaners Room	1	12		12
Cleaners Store room	1	6		6
Kitchen	1	12		12
			Sub Total	382

Office area Requirements		Levels									Area Re
	Component	16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m²
1	SERVICE OFFICE	0	0	0	0	0	0	4	16	0	145.2
2		0	0	0	0	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	145.2

Complied by: _____ Verified by: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Approved by: _____

Date: _____

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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	145.2
Support Area	382
Total area	527.2
plus 5% 3 year growt	22.89
OTAL USEABLE ARE	550.09

Note: TO BE READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS -BID DOCUMENT

Remarks / Comments:

PARKING TO BE ALLOCATED AS PER BID DOCUMENT (MINIMUM TECHNICAL REQUIREMENTS)

Complied by: _____ Verified by: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Approved by: _____

Date: _____

Signature: _____