



KWAZULU-NATAL
AMAFA
RESEARCH INSTITUTE

APPLICATION FORM A (for Official Use)

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION IN TERMS OF SECTION 37(1)(a) OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018,) FOR A PERMIT TO DEMOLISH, ALTER OR ADD TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
Application Form H must be used for alteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). Form H(a) must be used for applications for alterations to memorials/statues. If work has commenced/been completed without a permit, Form I must be used.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, via email to beadmin@amafapmb.co.za (hard copy applications cannot be accepted during the COVID-19 pandemic)

A. DECLARATION BY OWNER (The owner of the property must fill in these details and those in Section E: 3 and sign this document and any plans or other documents submitted in support of this application)

I, Suliman Tayob (full names of owner/person authorized to sign)

undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE may issue the permit to me.

Signature

Place Centurion Date 21 February 2022

B. PROPERTY DESCRIPTION (provide all cadastral information pertaining to the site):

Name of property: Dovehill		Title Deed No.:
Erf/Lot/Farm No: Portion 10 of 19 of Erf 2288	Size: 585.66	GPS Co-ordinates: 29°50'53"S 31°00'10"E
Street Address 178 Currie Road		Suburb Musgrave, Berea
Town/Local Municipality: eThekweni		District Municipality: eThekweni
Current zoning: Residential		Present use: Residential

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	22 October 1930
2. Historical Significance:	
None that we are aware of.	
References	

3. Architectural Significance:
None that we are aware of.
References

4. Urban Setting & Adjoining Properties:
Residential area.
170 Currie Road
180 Currie Road
References

D. PROPOSED WORK

1. Purpose of Application (Indicate the reason by marking the relevant box)

DEMOLITION					
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
ALTERATION Roof replacement					
CONDITION	<input checked="" type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
ADDITION					

CONDITION		HEALTH REASONS		OTHER	
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2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

The current roof is infected with wood borer and needs to be replaced.
No changes are being made to the roof design.
We will be re-using the roof tiles.

3. Detail the alterations/additions/restorations proposed (Briefly outline the proposal)

The current roof is infected with wood borer and needs to be replaced.
No changes are being made to the roof design.
We will be re-using the roof tiles.

E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work)

NAME	Installer: Dylan Roofing CC	
POSTAL ADDRESS	84 Somerset Drive	
Somerset Park	POST CODE	4319

TEL 031-5723031	FAX/EMAIL dylanroof@mweb.co.za
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY: CIDB: CRS Number 216088 Dylan Roofing & Ceiling ITC: COC/651/ERE Dylan Roofing	

Truss Builder:
 Builders Rossburgh
 101 Archery Road, Clairwood, Durban,4052
 031-9411550
 Norman.Meyer@builders.co.za

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME Builders Rossburg	
POSTAL ADDRESS 101 Archery Road, Clairwood, Durban	
	POST CODE 4052
TEL 031-9411550	FAX/EMAIL Norman.Meyer@builders.co.za
CELL	SACAP REG. NO.
Author's Drawing Nos. M0533613	
In making this application on behalf of the applicant, I declare that I have provided the correct information to the best of my knowledge and I undertake to ensure that the applicant is made aware of all conditions under which a permit may be issued.	
SIGNATURE	DATE

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)

NAME Suliman Tayob	
POSTAL ADDRESS 178 Currie Road	
	POST CODE 4052
Musgrave, Berea	
TEL 074-899-2929	FAX/EMAIL dovehill178@gmail.com

4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power or Attorney/proof of authorization to be attached)

NAME	
TEL	FAX/EMAIL

F. SUBMISSION FEE: R800.00 (subject to annual increment on the 1 April)

The submission fee is payable to the KwaZulu-Natal Amafa And Research Institute by bank deposit/internet banking (EFT) and proof of payment must be submitted with the application.

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330

Account in the name of the **KZN Amafa and Research Institute**

Account No. 40-5935-6024

USE STREET ADDRESS/FARM NAME AS REFERENCE

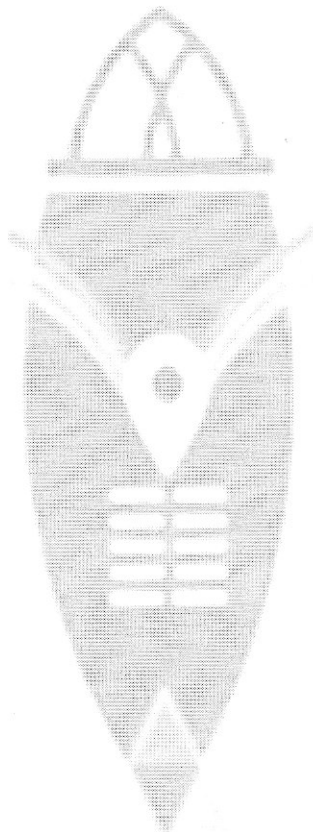
G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax/Email _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines) YES NO

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	Y	
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MOTIVATION		
PHOTOGRAPHS*	Y	
ORIGINAL DRAWINGS	Y	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	Y - electronic	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	Y	
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	Y	



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