



## APPLICATION FORM A (STRUCTURES)

Ref: \_\_\_\_\_

Date received \_\_\_\_\_

Application No \_\_\_\_\_

Application approved  not approved

Date of permit/notification \_\_\_\_\_

Permit No \_\_\_\_\_

### PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 33(1)(A) FOR THE DEMOLITION, ALTERATION OR ADDITION TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

(Application form H must be used for alteration to structures permanently protected in terms of Section 37, 38, & 39 (Heritage Landmarks))

#### PLEASE NOTE

IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATALI HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Detach and Consult the attached guidelines before completing this form)

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED

**ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa aKwaZulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)**

#### A. DECLARATION BY OWNER

1. Z. D. KHARODIA

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature \_\_\_\_\_

Place \_\_\_\_\_

PIETERMARITZBURG

Date \_\_\_\_\_

(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)

#### B. PROPERTY DESCRIPTION:

1. Name of property: \_\_\_\_\_ Title Deed No. \_\_\_\_\_

2. Erf/Lot/Farm No: R/1/404

Street Address: 109 VOORTREKKER ST  
GREY TOWN

Local Municipality UMVOTI MUNICIPALITY

District Municipality UMZINYATHI DISTRICT MUNICIPALITY

3. Current zoning LIMITED Present use LIMITED COMMERCIAL

COMMERCIAL

C. SIGNIFICANCE:

1. Original date of construction

UNKNOWN

2. Historical Significance:

UNKNOWN.

References

UNKNOWN

3. Architectural Significance:

SINGLE STOREY GABLE ROOF WITH CORRUGATED SHEETING.

References

UNKNOWN.

4. Urban Setting & Adjoining Properties:

THE PROPERTY IS PRESENTLY ZONED LIMITED COMMERCIAL AND THE ADJOINING PROPERTIES ARE ALSO LIMITED COMMERCIAL.

D. PROPOSED WORK

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

DEMOLITION

CONDITION	<input checked="" type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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ALTERATION

CONDITION	<input checked="" type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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ADDITION

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

THE PROPERTY IS IN A VERY POOR CONDITION, THE TRUSSES CANNOT BE REPAIRED, THUS ALLOWING US TO MAXIMISE SITE WHICH IS PRESENTLY ZONED LIMITED COMMERCIAL. OUR INTENTION IS TO REMOVE COMPLETE ROOF AND CREATE A DOUBLE STOREY.

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


1. REMOVE EXISTING STEEL STRUCTURE TO ACCOMMODATE A CONCRETE SLAB AT FIRST FLOOR LEVEL.
2. THE GROUND FLOOR TO BE USED AS A BUILDING MATERIALS SALES HUB.
3. FIRST FLOOR TO BE USED AS A STORAGE FOR ADDITIONAL STOCK.

E. CONTACT DETAILS

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

NAME MR MAHARAJ.	
POSTAL ADDRESS P.O. BOX 257 GREYTOWN	
	POST CODE 3250
TEL 033-471892	FAX —
CELL 072 069 3661	QUALIFICATIONS —
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME LOGAN PILLAY	
POSTAL ADDRESS 72 BANGALORE RD	
NORTDALE · P.M. BURGH	POST CODE 3201
TEL 033-3877799	FAX
CELL 0836701165	SACAP REG. NO. 70829
Author's Drawing Nos. 2010/85	
SIGNATURE 	DATE 29/11/13

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

NAME Z.D. KHARODIA	
POSTAL ADDRESS 109 VOORTREKKER ST	
GREY TOWN	POST CODE
TEL	FAX

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 LOGAN PILLAY	
TEL 033-3877799	FAX 033-3877799

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)

The submission fee is payable to Amafa aKwaZulu-Natali by cheque or bank deposit/internet banking prior to the processing of this application.

Banking details in case of direct deposits:

**ABSA BANK: Branch: ULUNDI Bank Code: 630330**

Account in the name of **AMAF A KWAZULU-NATALI**

**Account No. 40-5935-6024**

**NB:** Proof of payment to be forwarded (faxed, posted or delivered) to our office

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 \_\_\_\_\_

H. CHECKLIST OF SUPPORTING DOCUMENTATION

YES NO

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION		
PHOTOGRAPHS		
ORIGINAL DRAWINGS		
PLANS (X2 SETS) - NUMBERED AND COLOURED		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION		
PAYMENT/PROOF OF PAYMENT		