



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-NATAL 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

I, KHARIDAS PROPERTY cc

(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 29/11/13 PMBURG

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: 3/1/404

Street Address: 111 VOORTREKKER ST. GREYTOWN

Local Municipality UMVOTI MUNICIPALITY

District Municipality UMZINYATHI DISTRICT MUNICIPALITY

3. Current zoning LIMITED COMMERCIAL Present use LIMITED COMMERCIAL

C. SIGNIFICANCE:

1. Original date of construction UNKNOWN
2. Historical Significance: UNKNOWN.

References UNKNOWN

3. Architectural Significance: SINGLE STOREY BUILDING CONSTRUCTED OF CORRUGATED HIP ROOF

References UNKNOWN.

4. Urban Setting & Adjoining Properties: THIS PROPERTY IS PRESENTLY ZONED LIMITED COMMERCIAL AND THE ADJOINING PROPERTIES ARE ALSO ZONED LIMITED COMMERCIAL

D. PROPOSED WORK

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

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	
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ALTERATION

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

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE		OTHER	
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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 PROPERTY HAS VALUABLE POTENTIAL ACCORDING TO THE ZONING WHICH IS LIMITED COMMERCIAL, OUR INTENTION IS TO USE THE GROUND FLOOR AS A BUILDING MATERIAL SUPPLY STORE. THE PRESENT SPACE IS VERY LIMITED.

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

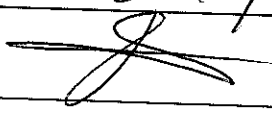
1. REMOVE EXISTING ROOF TO ACCOMMODATE FIRST FLOOR STAIR.
2. THE GROUND FLOOR SPACE TO BE UTILISED AS A HARDWARE STORE.
3. THE FIRST FLOOR TO BE UTILISED AS A RESIDENCE FOR THE REGISTERED OWNER.

E. CONTACT DETAILS

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

NAME <u>MR MAHARAJ</u>	
POSTAL ADDRESS <u>P.O. BOX 257 GREYTOWN</u>	
POST CODE <u>3250</u>	
TEL <u>033-4171892</u>	FAX
CELL <u>0720693661</u>	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME LOGAN PILLAY	
POSTAL ADDRESS 72 BANGALORE RD	
NORTHDALE AMBURG	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 KHARIDAS PROPERTIES	
POSTAL ADDRESS 111 VOORTREKKER ST.	
	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 **AMAFI AKWAZULU-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
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		