

**KWAZULU-NATAL****APPLICATION FORM I****AMAFA AND RESEARCH  
INSTITUTE**THE KZN PROVINCIAL HERITAGE  
RESOURCES AUTHORITY

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

**APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR THE CONDONATION/ APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both generally and specially protected heritage resources).**

This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za).

**NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (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, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED, THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION.**

**A. DECLARATION BY OWNER**I, MALCOLM SODALAY OF DGS HOLDINGS & INVESTMENTS (PTY) LTD.

(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 written approval of the work to me.

Signature

Place

Date 01. 12. 2022

(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:**

Title Deed No.

Name of property/Project title:

Erf/Lot/Farm No:

PTN 1 OF ERF 517 BRICKFIELD

GPS Co-ordinates

Street Address:

11 PALM GROVE

Local Municipality

ETHEKWINI

District Municipality

CENTRAL ENTITY

Traditional Authority Area

Current zoning

RESIDENTIAL

Present use

RESIDENTIAL



C. HERITAGE SIGNIFICANCE: (complete sections appropriate to site)

1. Status of Heritage Resources on the Site:

Permanent Protection:	Heritage Landmark/ Provincial HL		Listed on the Heritage Register		Provisionally Protected (notice issued)		Site in a Protected Area
Generally Protected site containing:	Structures 60 years +	✓	Graves		Archaeological site Battlefield or rock art		Palaeontological material Meteor impact site

2. Historical/Military Significance: THE SITE HAS ONLY BEEN USED AS A RESIDENTIAL SITE & THIS IS ALSO OUR INTENTION. THE PHASES OF CONSTRUCTION WERE SIMPLE & FITTED INTO THE EXISTING HOME EASILY.

References

3. Architectural Significance: Original date of construction: 1925 (APPROX)

Significance: THE ORIGINAL HOUSE WAS A 3 BEDRM UNIT WITH A DETACHED GARAGE. 1938 - AN ADDITIONAL BEDRM WITH A WC WAS ADDED. 1950 - AN ADDITION WAS CARRIED OUT TO THE GARAGE - 2018 - INTERNAL ALTERATIONS & SOME ADDITIONS TO CREATE A NEW FLOW TO THE STRUCTURE AS PER EXISTING PLANS. ATTACHED.

References

4. Archaeological Significance: N/A.

WITH THE 2018 APPLICATION THE CONDITION OF THE DWELLING WAS STILL GOOD. IN THE YEARS IT HAS BEEN UNOCCUPIED THERE HAS BEEN SOME DETERIORATION. WHILE THE CONSTRUCTION PROCESS WAS IN PROCESS WE FOUND THAT THE ROOF TRUSSEDS WERE WEAKENED FROM BORER INFESTATION. THIS WAS ALSO THE CASE WITH

References

5. Palaeontological Significance: N/A.

WINDOW & DOOR FRAMES. THEREFORE WE HAVE HAD TO REPLACE THEM. THE FLOOR (HARDWOOD) HAD TO BE REMOVED & REPLACED WITH A CONCRETE SUSPENDED FLOOR.

References

D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL

1. Purpose of Application:	Damage/destruction/demolition		Alterations/Additions	✓
Redecoration	Disfigured	Written/drawn on	Excavation	
Exhumation	Inundation		Development	
Collection/Removal from original site	Trade/export (heritage objects)		Restricted use of equipment s40(5)	
Consolidation/Subdivision	Amendment of Plan	✓	Other	



2. Existing Improvements made on site:  
 THE BOUNDARY WALL WAS REPLACED AS THE LOW WALL WAS NOT STRUCTURALLY SOUND TO BE INCREASED IN HEIGHT. THE FENCE HAD NOT BEEN IDEAL FOR SECURITY PURPOSES. THE INTERNAL LAYOUT WAS ADJUSTED TO ALLOW THE BEDROOMS TO ALL HAVE ENSUITES. WE ALSO PLANNED TO MAKE THE HOUSE MORE SPACIOUS.

3. Detail the work commenced/carried out  
 THE WINDOW FRAMES, DOORS, FLOORS HAD TO BE REPLACED. THE ROOF TRUSSES WERE EXAMINED FOR STRUCTURAL STABILITY. SOME WERE REPLACED. THE BATTENT WERE REPLACED & THE NEW ROOF OVER THE ADDITION AT THE SW SIDE OF THE EXISTING DWELLING WERE TIED INTO THE ~~EXISTING~~ EXISTING ROOF IN A COMPLIMENTARY MANNER.

4. Motivation for work (Please motivate fully why work was commenced without approval)  
 THE ISSUES WITH THE EXISTING STRUCTURES WERE ONLY DISCOVERED ONCE CONSTRUCTION COMMENCED. THERE HAD BEEN AN ORIGINAL PERMIT (AMAPA) ISSUED WITH THE 2018 APPLICATION (ATTACHED HEREWITH)

Status of work	Commenced	2021	Stopped		Completed	ONGOING
Date commenced	MONTH 11 OF	2021	Date stopped		Completion date	ONGOING

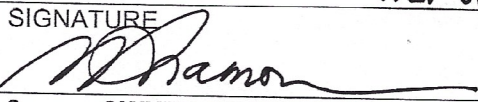
E. CONTACT DETAILS

1. CONTRACTOR (the person who has done or who will complete the work)

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	



2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

NAME		NAZLEEN SHAMOUN	
POSTAL ADDRESS		137 RILEY ROAD, ESSENWOOD, DURBAN	
		POST CODE 4001	
TEL	FAX/EMAIL nazleen@designdrawing.co.za		
CELL 0832980646	PROFESSIONAL REG. NO. SACAP.		
Author's Drawing Nos.		n21-06 wd01, n21.06 wd02.	
SIGNATURE	DATE		
	01. 12. 2022.		

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

NAME		D95 HOLDINGS & INVESTMENTS (PTY) LTD.	
POSTAL ADDRESS		56 FOREST LANE, OVERPORT	
		POST CODE 4091	
TEL	FAX/EMAIL		

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		MALCOLM SODALAY	
TEL	082 568 8221	FAX/EMAIL	malcolm@mediquick.co.za.

F. SUBMISSION FEE: R4000.00 (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.  
USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330  
 Account in the name of AMAFA AKWAZULU-NATALI  
 Account No. 40-5935-6024

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 (\*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)	✓
MOTIVATION/INCEPTION REPORT	✓
PHOTOGRAPHS*	✓
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	✓
PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*	✓
1:50 000 MAP & SATELLITE AERIAL VIEW	
KML FILE MAP	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	
APPOINTMENT LETTERS	
CONSENT LETTER	
PAYMENT/PROOF OF PAYMENT	✓