



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, MR. C. WAGNER, MRS E. WAGNER (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 [Signature]

Place DURBAN, BLUFF

Date 25/01/2023

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

Name of property: <u>14 LOBELIA ROAD</u>		Title Deed No.: <u>5153/96</u>
Erf/Lot/Farm No: <u>Part of Portion 10 of Erf 1825 of Hartwood</u>	Size:	GPS Co-ordinates: <u>29° 54' 43" S 31° 00' 25" E</u>
Street Address <u>14 LOBELIA RD BLUFF</u>		Suburb <u>GREENWOOD</u>
Town/Local Municipality: <u>ETHEKWINI CENTRAL</u>		District Municipality: <u>ETHEKWINI</u>
Current zoning: <u>SPECIAL RESIDENTIAL 400m².</u>		Present use: <u>RESIDENTIAL DWELLING</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval: 1937
2. Historical Significance:
SEE THE ATTACHED DOCUMENT.
References

3. Architectural Significance:
SEE THE ATTACHED DOCUMENT.
References

4. Urban Setting & Adjoining Properties:
SEE ATTACHED DOCUMENT
References

D. PROPOSED WORK

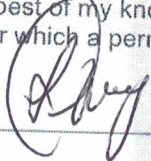
1. Purpose of Application (Indicate the reason by marking the relevant box)

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

PROPOSED 2 NO. DWELLING UNITS

TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME LEANNE GREY	
POSTAL ADDRESS 19 COUNYNATHAN AVENUE REDHILL	
DURBAN	POST CODE 4051
TEL	FAX/EMAIL leanne@thegreys.co.za
CELL 0723071893	SACAP REG. NO. ST 2226
Author's Drawing Nos. 12-100, 12-101	
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 5.01.2023

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

NAME MR. C. WAGNER, MRS B. WAGNER	
POSTAL ADDRESS 14 LOBELIA ROAD GROSVENOR	
BLUFF	POST CODE 4052
TEL 083 636 1254	FAX/EMAIL calvinwagner1@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 LEANNE GREY - See P.O.A & LETTER OF APPOINTMENT	
TEL 072 3071 893	FAX/EMAIL leanne@thegreys.co.za

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)	✓	