



## 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

I, C. GANACHAUD

(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 X 

Place DURBAN

Date

22/07/2013

(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:

- Name of property: \_\_\_\_\_ Title Deed No. \_\_\_\_\_
- Erf/Lot/Farm No: Portion 5 of erf 515 DUNDELFONTAIN
- Street Address: 180 STATION RIDGE ROAD  
DURBAN NORTH
- Local Municipality ETHEKWINI MUNICIPALITY
- District Municipality ETHEKWINI
- Current zoning SPECIAL RES. 650 Present use DWELLING

**C. SIGNIFICANCE:**

1. Original date of construction: \_\_\_\_\_

2. Historical/Military Significance: NONE

References \_\_\_\_\_

**3. Architectural Significance:**

NO ARCHITECTURAL SIGNIFICANCE AS THIS WAS BUILT FOR THE LOWER INCOME BRACKET. SIZE, MATERIAL AND AESTHETICS WERE COMPROMISED.

References \_\_\_\_\_

**4. Urban Setting & Adjoining Properties:**

THE ADJOINING PROPERTIES HAVE ENDEAVORED TO IMPROVE THEIR VALUE, WITH NEW BOUNDARY WALLS AUXILIARY UNITS & REFURBISHING THE MAIN HOUSES, SOME WAVERING FROM THE ORIGINAL DESIGN. THE MAJORITY OF THE PROPERTIES ARE ABOVE STATION RIDGE ROAD OVERLOOKING THE RED HILL CEMETARY POSITIONED ACROSS THE ROAD BORDERING THE RESIDENTIAL SUBURB.

**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	/	HEALTH REASONS		OTHER	
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**ADDITION**

CONDITION	/	HEALTH REASONS		OTHER	
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2. Motivation for proposed work (Please motivate fully – on separate sheet if necessary)

THE ADDITIONS WILL PROVIDE ACCOMMODATION FOR THE

FAMILY OF THREE AS WELL AS PROVIDING AN IMPROVED LIFESTYLE WITH THE NEW ENTERTAINMENT AREA PREVIOUSLY AN UNUSABLE BANK. THE ALTERATIONS IN THE HOUSE WILL IMPROVE THE SPACE USAGE. THIS IS A PREVIOUSLY AMAFA APPROVED PLAN. ETHEKWINI MUNICIPALITY REQUIRE A NEW PERMIT AS THE PRIVATE BAR & JACUZZI ROOM ROOF WAS INSTRUCTED TO BE CHANGED TO MATCH THE MAIN HOUSE ROOF.

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

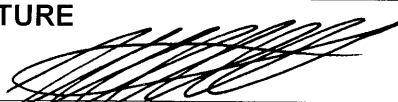
EXISTING BEDROOM CONVERTED INTO DINING ROOM  
 NEW MAIN BEDROOM  
 NEW BEDROOM 2  
 NEW BATHROOM  
 NEW RETAINING WALL  
 NEW ENTERTAINMENT AREA  
 NEW PRIVATE BAR  
 NEW JACUZZI ROOM  
 NEW TIMBER HUT.

E. CONTACT DETAILS

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

NAME: NOT YET APPOINTED	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME: IAN WHITAKER	
POSTAL ADDRESS: 8 UP THE HILL, SUNNINGDALE	
	POST CODE: 4051
TEL: 031-5620310	FAX: 0866-499-530
CELL: 083-303-8863	SACAPI/ASAPA REG. NO. D0783
Author's Drawing Nos.	
SIGNATURE 	DATE 10-8-2013

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

NAME: C. GANACHAUD
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POSTAL ADDRESS: 180 STATION RIDGE ROAD	
DURBAN NORTH	POST CODE: 4051
TEL: 031-5643784	FAX

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

NAME: IAN WHITAKER	
TEL: 031-5620310	FAX: 0866-499-530

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 AMAFA 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 & AP. See Guidelines)

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

H. CHECKLIST OF SUPPORTING DOCUMENTATION

YES NO

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