



**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](mailto: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, MICHAEL DEAN NEPDT (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 

Place DURBAN Date 29 MAY 2023

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

Name of property:		Title Deed No.: <u>T000011843/2019</u>
Erf/Lot/Farm No: <u>ERF 561</u>	Size: <u>769m<sup>2</sup></u>	GPS Co-ordinates:
Street Address <u>181 TREMATON DRIVE</u>		Suburb <u>MORNINGSIDE</u>
Town/Local Municipality: <u>DURBAN</u>		District Municipality: <u>ETHEKWINI - CENTRAL</u>
Current zoning: <u>SPECIAL RES 400</u>		Present use: <u>RESIDENCE</u>

**C. SIGNIFICANCE:**

1. Original date of construction/plan approval: 1931

2. Historical Significance:

FROM EXTENSIVE RESEARCH, WE FOUND NO HISTORICAL EVIDENCE FOR THIS PARTICULAR RESIDENCE. IT HAS TYPICAL CHARACTERISTICS OF HOUSES BUILT IN THE 1900'S.

References

3. Architectural Significance:

THIS DWELLING HAS TYPICAL CHARACTERISTICS OF IT'S ERA, WITH THE ROMAN TUSCAN COLUMNS ON THE FRONT ELEVATION, PANELLED WINDOWS WITH STAINED GLASS ON THE ENTRANCE DOORS, FACEBRICK PLINTHS AND THE ORIGINAL MARSEILLE ROOF TILES.

References

4. Urban Setting & Adjoining Properties:

THE DWELLING IS SITUATED IN UPPER MORNINGSIDE, ON TREMATON DRIVE. ALL THE ADJACENT PROPERTIES WERE OF SIMILAR ARCHITECTURAL STYLE, HOWEVER ALL OF THE ADJACENT DWELLINGS HAVE BEEN ALTERED OVER THE YEARS AND MANY HAVE NOT RETAINED ANY OF THE ORIGINAL ARCHITECTURAL INTENTIONS, WITH THE INTRODUCTION OF ROOF SHEETING AND LARGE GLAZED WINDOWS AND DOORS.

References

**D. PROPOSED WORK**

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

<b>DEMOLITION</b>			
CONDITION	HEALTH REASONS	OTHER	
<b>ALTERATION</b>			
CONDITION	HEALTH REASONS	OTHER	
<b>ADDITION</b>			

CONDITION		HEALTH REASONS		OTHER	
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2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

PLEASE SEE ATTACHED BELOW A DETAILED MOTIVATION, WITH SUPPORTING PHOTOGRAPHS.

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

PLEASE SEE BELOW A DETAILED EXPLANATION OF THE PROPOSED WORK, WITH SUPPORTING PHOTOGRAPHS.


**E. CONTACT DETAILS**

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

NAME	UNKNOWN AT THIS STAGE.	
POSTAL ADDRESS		
		POST CODE

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME DEREK HAUPTFLEISCH	
POSTAL ADDRESS 18 KNOLL ROAD	
WESTVILLE	POST CODE 3630
TEL 031-2671421	FAX/EMAIL dhsarch@iafrica.com
CELL 0837751079	SACAP REG. NO. ST2201
Author's Drawing Nos. dhs 2021-171-300, 301, 302 AND 303.	
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 29 MAY 2023.

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

NAME MICHAEL DEAN NEFDT	
POSTAL ADDRESS 181 TREMATON DRIVE	
MORNINGSIDE	POST CODE 4001
TEL 082 610 5236	FAX/EMAIL mike@ikind.co.za.

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 N/A	
TEL	FAX/EMAIL

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)

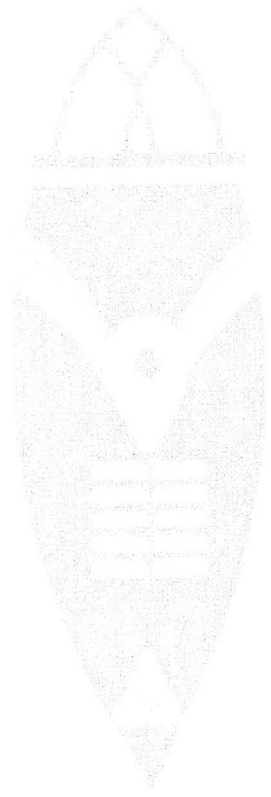
Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax/Email \_\_\_\_\_

H. CHECKLIST OF SUPPORTING DOCUMENTATION (\*ref to guidelines)

YES NO

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2-SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		✓
PROOF OF PUBLIC PARTICIPATION*		✓
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	



KWAZULU-NATAL  
 AMAFA

Department of Education, KwaZulu-Natal