



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, Chantel Kesting

(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 C. Kesting

Place Bluff, Durban

Date

25/08/2022

(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:

1. Name of property: KESTING HOUSE Title Deed No. T22833/2021

2. Erf/Lot/Farm No: PORTION 2 OF ERF 397 OF BLUFF

Street Address: 191 TORQUAY AVENUE

Local Municipality ETHEKWI MUNICIPALITY

District Municipality _____

3. Current zoning RESIDENTIAL Present use RESIDENTIAL

C. SIGNIFICANCE:

1. Original date of construction REPORT ATTACHED

2. Historical Significance: _____

References _____

3. Architectural Significance: _____

REPORT ATTACHED

References _____

4. Urban Setting & Adjoining Properties: _____

REPORT ATTACHED

D. PROPOSED WORK

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

DEMOLITION

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

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

EXTENSION	<input type="checkbox"/>	CHANGED USE	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>
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2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME YOLANDA MATHA	
POSTAL ADDRESS P.O. BOX 3051	
KWA-MBONAMBI	POST CODE 3915
TEL	FAX
CELL 061 741 2243	SACAP REG. NO. PSAT 573 69525
Author's Drawing Nos.	
SIGNATURE 	DATE 25/08/2022

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

NAME Chantel Kesting	
POSTAL ADDRESS 191 Torquay Avenue	
	POST CODE 4052
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	
TEL	FAX

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 & A P. See Guidelines)

Name **FORM ATTACHED**
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHOTOGRAPHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORIGINAL DRAWINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLANS (X2 SETS) - NUMBERED AND COLOURED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PUBLIC PARTICIPATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAYMENT/PROOF OF PAYMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Msobosobo Trading Pty Ltd

9 Hyacinth Avenue

Ashley

Pinetown

Cell. 0812191259

Email. Msbtrading405@gmail.com

August 2022

ATTENTION. AMAFA KWAZULU NATAL

C2. Historical Significance

In 1948 Portion 2 of ERF 399 of BLUFF, situated in the City of Durban was developed (the date unclear). The current design is the old Natal colonial house with 3 bedrooms, a bathroom with a separate toilet, a lounge and a kitchen. It was also built with outside quarters and a single garage.

C3. Architectural Significance

The house seem to hold little to no architectural significance.

C4. Urban Setting and Adjoining Properties

191 Torquay Avenue is a residential property and all properties surrounding it are also zone for residential.

D1. Motivation for work proposed/ D2. Details of additions

The original dwelling was built in the style of natal colonial. The proposed work will try to keep that look in terms of the roof. The most pushing reason for the intended works is that the house was infested by wood borers. It can be seen on the pictures how they have weakened the roof structure, causing the roof to be wavy. The proposed additions will just be duplicating what is on the ground storey and putting it on the first storey, more like an ancillary unit, since entrances will be separate. My clients also have add-ons on the property that need to be legalized by the local authority. They have been made part of this application, which is small pool, awnings, carport, enclosed veranda and a thatched lapa.

We hope our proposal will be looked at favorably.

Kind regards

Yolanda Mbatha Pr. Senior

Architectural Technologist

SACAP REG. PSAT57369525



Fig.1: View of the house from the east



Fig.2: View of the house from the south.



Fig.3: View of the house from south west.



Fig.4: View of the house from south west.

LETTER OF CONSENT FOR RELAXATION

APPLICATION NO: [Completed by the Department after submission].

Head: Development Planning Environment & Management
166 K.E. Masinga (Old Fort) Road,
DURBAN

Date.....

Dear Sir / Madam

PART A. PARTICULARS OF APPLICATION PROPERTY *(To be completed by applicant)*

APPLICATION FOR THE RELAXATION OF THE Central south **SCHEME/REGULATIONS**
FOR Relaxation of the side space


ON *ERF/PORCION/REM Portion 2 of ERF 399 of BLUFF

SITUATE AT (Street Address) 191 Torquay Avenue

APPLICANT'S NAME: Yolanda Mbatha

PART B. RELAXATIONS SOUGHT

(To be completed by the Applicant and signed by the person granting Consent)
SEE REVERSE OF SHEET ON HOW TO COMPLETE FORM

Nature of Relaxation	Extent of Relaxation	Signature
Building Line	From m to m (street) From m to m (street) From m to m (street)	
Side Space	From <u>2</u> m to <u>1</u> m on the <u>NORTH</u> boundary From m to m on the boundary	
Rear Space	From m to m on the boundary	
Height of Boundary Walls Metres on the boundary	

PART C. CONSENT FROM REGISTERED OWNER OF ADJACENT / OPPOSITE PROPERTY

(To be completed by the person granting consent)

*I/We, Rogers Pitso

....., being the **registered owner/s (if in joint ownership both spouses to sign)

of (street address) 187 Torquay Ave

which is situate on *Erf / Portion / Rem ERF 1 Portion 399

do hereby confirm that *I/we have had sight of the application plan and memorandum of motivation and understand the contents thereof, and hereby **Grant Consent** to the proposed relaxation as stated above.

(Objections raised to be motivated separately)

Yours faithfully





.....
 *Signature of registered owner //
 Chairman of Body Corporate // Trust //
 Managing Director of Company //
 Managing Director of the Share Block Company.

.....
 Full names (IN BLOCK CAPITALS)

I.D. Number 7809235107080

Telephone No. 0282787259

* PLEASE DELETE WHICHEVER IS NOT APPLICABLE

** ALL REGISTERED OWNERS TO SIGN

(P T O: IMPORTANT INFORMATION)

LETTER OF CONSENT FOR RELAXATION

APPLICATION NO: [Completed by the Department after submission]

Head: Development Planning Environment & Management
166 K.E. Masinga (Old Fort) Road,
DURBAN

Date.....

Dear Sir / Madam

PART A. PARTICULARS OF APPLICATION PROPERTY <i>(To be completed by applicant)</i>	
APPLICATION FOR THE RELAXATION OF THE <u>Central south</u>	SCHEME/REGULATIONS
FOR <u>Relaxation of the building line</u>	
ON *ERF/PORCION/REM <u>Portion 2 of ERF 399 of BLUFF</u>	
SITUATE AT (Street Address) <u>191 Torquay Avenue</u>	
APPLICANT'S NAME: <u>Yolanda Mbatha</u>	

PART B. RELAXATIONS SOUGHT <i>(To be completed by the Applicant and signed by the person granting Consent)</i> SEE REVERSE OF SHEET ON HOW TO COMPLETE FORM		
Nature of Relaxation	Extent of Relaxation	Signature
Building Line	From <u>5</u> m to <u>0</u> m (street) <u>West</u>	
	From m to m (street).....	
	From m to m (street).....	
Side Space	From m to m on the boundary From m to m on the boundary	
Rear Space	From m to m on the boundary	
Height of Boundary Walls Metres on the boundary	

PART C. CONSENT FROM REGISTERED OWNER OF ADJACENT / OPPOSITE PROPERTY <i>(To be completed by the person granting consent)</i>	
*I/We: <u>CATHERINE WALTERS</u>	
....., being the **registered owner/s (if in joint ownership both spouses to sign)	
of (street address) <u>194 Torquay Avenue</u>	
which is situate on *Erf / Portion / Rem <u>Portion 4 of ERF 414 BLUFF</u>	
do hereby confirm that *I/we have had sight of the application plan and memorandum of motivation and understand the contents thereof, and hereby Grant Consent to the proposed relaxation as stated above.	
(Objections raised to be motivated separately)	
Yours faithfully	
 *Signature of registered owner // Chairman of Body Corporate // Trust // Managing Director of Company // Managing Director of the Share Block Company.	<u>CATHERINE WALTERS</u> Full names (IN BLOCK CAPITALS)
I.D. Number <u>7602150003081</u>	Telephone No. <u>083 703 5604</u>
* PLEASE DELETE WHICHEVER IS NOT APPLICABLE	
** ALL REGISTERED OWNERS TO SIGN	

(P T O: IMPORTANT INFORMATION)