



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/statuses.

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 uploaded to the online system, SAHRIS, run by the S A Heritage Resources Agency – go to www.sahra.org.za to register to use the system (see attached guidelines)

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, JOANNE MARGARET BOULLE (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 14 MARCH 2023

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

Name of property: <u>PRIVATE DWELLING</u>	Title Deed No.: <u>T000004119/2010</u>	
Erf/Lot/Farm No: <u>772</u>	Size of land: <u>1004 m²</u>	GPS Co-ordinates: <u>-29.8591589, 30.9809910</u>
Street Address <u>19 ELLAND RD</u>	Suburb <u>WESTRIDGE</u>	
Town/Local Municipality: <u>DURBAN, ETHEKWINI</u>	District Municipality: <u>ETHEKWINI</u>	
Current zoning: <u>SPECIAL RESIDENTIAL 900</u>	Present use: <u>DWELLING</u>	

C. SIGNIFICANCE:

1. Original date of construction/plan approval:
2. Historical Significance:
NOT ESPECIALLY SIGNIFICANT. TYPICAL 1940'S BUNGALOW TYPE FOUND IN THE AREA
References N/A

3. Architectural Significance:
AS ABOVE
References N/A

4. Urban Setting & Adjoining Properties:
SIMILAR IN SCALE AND GRAIN TO SURROUNDING RESIDENTIAL PROPERTIES
References N/A

D. PROPOSED WORK

1. Purpose of Application (Indicate the reason by marking the relevant box)				
DEMOLITION				
CONDITION	N/A	HEALTH REASONS	DEVELOPMENT/OTHER	
ALTERATION				
CONDITION	N/A	HEALTH REASONS	DEVELOPMENT/OTHER	
ADDITION				
CONDITION		HEALTH REASONS	DEVELOPMENT/OTHER	✓

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

TO EXTEND THE EXISTING KITCHEN OF MAIN DWELLING INTO PART OF THE VERANDAH AS THE KITCHEN HAS BECOME TOO SMALL FOR THE FAMILY

TO MODERNISE THE EXISTING OUT BUILDING BY ADDING A SHOWER AREA, A KITCHEN SINK AND NEW DOOR FACING SOUTH

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

AS ABOVE

E. CONTACT DETAILS

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

NAME N/A

POSTAL ADDRESS N/A

POST CODE N/A

TEL N/A

FAX/EMAIL N/A

CELL N/A

QUALIFICATIONS N/A

REGISTRATION OF INDUSTRY REGULATORY BODY: N/A

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER	
NAME <u>JOANNE LINDA LEES</u>	
POSTAL ADDRESS <u>PO BOX 30556, MAYVILLE</u>	
	POST CODE <u>4058</u>
TEL <u>031 261 7277</u>	FAX/EMAIL
CELL	SACAP REG. NO. <u>6357</u>
AUTHOR'S DRAWING NOS. <u>AR - LA - 101 - A</u>	
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 <u>Joanne Lees</u>	DATE <u>14/03/2023</u>

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)	
NAME <u>JOANNE MARGARET BOULLE</u>	
POSTAL ADDRESS <u>19 ELAND ROAD, WESTRIDGE</u>	
	POST CODE <u>4091</u>
TEL <u>031 311 7952</u>	FAX/EMAIL <u>—</u>

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 <u>N/A</u>	
TEL <u>N/A</u>	FAX/EMAIL <u>N/A</u>

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
APPLICATION FORM (FULLY COMPLETED, INCLUDING MOTIVATION & SIGNED BY OWNER & PLANS AUTHOR)	✓
PHOTOGRAPHS*	✓
ORIGINAL and PREVIOUSLY APPROVED DRAWINGS	✓
PLANS - NUMBERED AND COLOURED *	✓
TITLE DEEDS	✓
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	
PROOF OF PUBLIC PARTICIPATION*	
PAYMENT/PROOF OF PAYMENT (use street address as reference)	<u>N/A</u>