



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, G. E. MARGOT

(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 GEM Margot

Place DURBAN

Date 17/07/2013

(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:

1. Name of property: G. E. MARGOT Title Deed No. 4 / 19
2. Erf/Lot/Farm No: _____
Street Address: 274 QUEEN ELIZABETH AVENUE
GLENWOOD
Local Municipality ETHEKWINI MUNICIPALITY
District Municipality ETHEKWIN CENTRAL
3. Current zoning RESIDENTIAL Present use RESIDENTIAL

C. SIGNIFICANCE:

1. Original date of construction 1957
2. Historical Significance: THE SITE HAS BEEN USED FOR RESIDENTIAL PURPOSES AND COMPRISES OF A MAIN DWLG. AND OUTBLDG.

References SEE PHOTOS

3. Architectural Significance: THE OUTBLDG. IS IN A POOR STATE OF DISREPAIR AND THEREFORE NEEDS TO BE RENOVATED AND EXTENDED.

References _____

4. Urban Setting & Adjoining Properties: THE BUILDING IS SITUATED IN BLENWOOD, A WELL DEVELOPED RESIDENTIAL AREA.

D. PROPOSED WORK

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

DEMOLITION

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

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

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

THE OUTBLDG. IS IN A POOR CONDITION AND NEEDS TO BE RENOVATED AS WELL AS EXTENDED AS THE CURRENT BUILDING IS VERY SMALL. ROOF AND ALL WINDOWS NEED REPLACEMENT.

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


ADDIT. TO EXIST. O.B., NEW ROOF AND ALL NEW DOORS AND WINDOWS.

E. CONTACT DETAILS

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

NAME		TO BE APPOINTED.	
POSTAL ADDRESS			
			POST CODE
TEL	FAX		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME MR. A. BALRAJ	
POSTAL ADDRESS 5 ALMOND ROAD	
HAVENSIDE, CHATSWORTH POST CODE 4092	
TEL 031-4049333	FAX
CELL 0845166676	SACAP REG. NO. ST 2017
Author's Drawing Nos. 013	
SIGNATURE 	DATE 17/07/13

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

NAME G. E. MARGOT	
POSTAL ADDRESS 274 QUEEN ELIZABETH AVENUE,	
GLENWOOD POST CODE 4001	
TEL 031-2617844	FAX EMAIL: AKESH10@MTN.BLACKBERRY.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 A. BALRAJ	
TEL 031-4049333	FAX EMAIL: AKESH10@MTN.BLACKBERRY.COM

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 _____
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION YES NO

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



SOUTH AFRICAN COUNCIL
for the
ARCHITECTURAL PROFESSION

PROFESSIONAL SENIOR
ARCHITECTURAL TECHNOLOGIST

THIS IS TO CERTIFY THAT

Akesh Aranduth Balraj

IS REGISTERED AS A

**PROFESSIONAL SENIOR
ARCHITECTURAL TECHNOLOGIST**

IN TERMS OF THE ARCHITECTURAL PROFESSION ACT NO 44 OF 2000

PRESIDENT

REGISTRAR

30 June 2006

DATE

ST2017

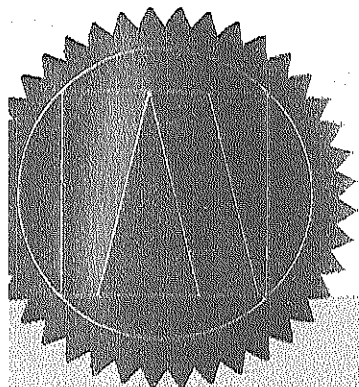
REGISTRATION NO.

01 January 2016

VALID UNTIL

08 June 2012

DATE ISSUED



121023