



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 (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 **Mr Sajid Memon** duly authorized representative of **The Sajid Memon Family Trust**. Registration No: **IT 1145/2007** (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: Pmb Date: 6/10/23

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

Name of property: The Sajid Memon Family Trust		Title Deed No.: T37422/22
Erf/Lot/Farm No: Ptn 1 of Erf 2420 Pmb Ptn 8 (of 2) of Erf 2420 Pmb	Size: 1543m² 128m²	GPS Co-ordinates: 29°36'10.71"S 30°22'36.07"E
Street Address: 207 Church Street, Pmb		Suburb: Pietermaritzburg
Town/Local Municipality: Msunduzi		District Municipality: Umgungundlovu
Current zoning: Core Mixed Use 1		Present use: Shops

C. SIGNIFICANCE:

1. Original date of construction/plan approval: Unknown
2. Historical Significance:
The building is over 100 years old.

3. Architectural Significance:
Double storey, tiled roof, plastered brick and red brick walls. Building derives from classical forms, octagonal dome over splayed corner entrance. The building also has windows of quality design and craftsmanship. A high character building.

4. Urban Setting & Adjoining Properties:
The adjoining property on the left is a 4 storey building with shops & offices, tiled roof, reconstructed stone walls and shop front. The building on the right hand side is a single storey bank premises, slate roof, red brick & plastered walls. The building is tempered by the unique red brick of Pmb. The property opposite is a double storey shop, concealed flat concrete roof, shop front, ribbed plaster walls & concrete canopy.

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

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

The owner intends on adding new entrance doors to create a smaller shop. The existing building only has one entrance. Due to the economic strain on businesses, business owners cannot afford to rent out big shops. Therefore the owner intends to create a smaller shop space to accommodate small business owners eg, cellphone shop.

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


The ground storey building facing Church Street, owner wants to remove the three existing windows and add in doors to create new access openings for the proposed small shop. Partition walls will be added internally to create the proposed small shop.

E. CONTACT DETAILS

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

NAME: NOT KNOWN AT PRESENT	
POSTAL ADDRESS:	
	POST CODE:
TEL:	FAX/EMAIL:
CELL	QUALIFICATIONS:
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. **ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

NAME: Logan Pillay	
POSTAL ADDRESS: 72 Bangalore Road, Northdale, Pmb	
	POST CODE: 3201
TEL: 033 387 7799	FAX/EMAIL: loganparchitect@gmail.com
CELL: 083 670 1165	SACAP REG. NO.: T0829
Author's Drawing Nos.	
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 6/10/23	

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

NAME: Sajid Memon	
POSTAL ADDRESS: 72 Bangalore Road, Northdale, Pmb	
	POST CODE: 3201
TEL: 083 786 4272	FAX/EMAIL

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: LOGAN PILLAY	
TEL: 083 670 1165	FAX/EMAIL: loganparchitect@gmail.com

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: See Annexures _____

Telephone _____ Fax/Email _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines) **YES NO**

	YES	NO
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)	●	
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	●	