

KWAZULU-NATAL

APPLICATION FORM I

AMAFA AND RESEARCH INSTITUTE

THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR THE CONDONATION/ APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both generally and specially protected heritage resources).

This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website www.heritagekzn.co.za.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (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, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED, THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION.

A. DECLARATION BY OWNER

I, SHERVAN RAMA LEUNG CHEUK WAI

(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 written approval of the work to me.

Signature [Signature] [Signature]

Place _____ Date _____

(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:

Title Deed No.

Name of property/Project title:

N/A — PROPOSED ADDITIONS & ALTERATIONS TO EXG. DWELLING

Erf/Lot/Farm No:

GPS Co-ordinates

Street Address:

21 NELSON ROAD, EISENWOOD

Local Municipality

CENTRAL ENTITY

District Municipality ETHEKWINI MUNICIPALITY

Traditional Authority Area

Current zoning

RESIDENTIAL

Present use

RESIDENTIAL

C. HERITAGE SIGNIFICANCE: (complete sections appropriate to site)

1. Status of Heritage Resources on the Site:

Permanent Protection:	Heritage Landmark/ Provincial HL	<input checked="" type="checkbox"/>	Listed on the Heritage Register	Provisionally Protected (notice issued)	Site in a Protected Area
Generally Protected site containing:	Structures 60 years +	<input checked="" type="checkbox"/>	Graves	Archaeological site Battlefield or rock art	Palaeontological material Meteor impact site

2. Historical/Military Significance:

THE STRUCTURE IS OLDER THAN 60 YEARS. THE MAIN DWELLING APPEARS TO BE IN ITS ORIGINAL STATE, AS DO THE OUTBUILDINGS VIZ. THE MAIDS QUARTERS, WHICH WE PLAN TO DEMOLISH. THE PATIO (FRONT), THE POOL & FRONT BOUNDARY WALLS WERE LATER ADDITIONS. WE HAVE BEEN UNABLE TO OBTAIN ANY EXISTING PLANS FOR THE POOL, BOUNDARY WALL & PATIO.

3. Architectural Significance:

Original date of construction: 1922

Significance: THE MAIN DWELLING HAS BEEN MAINTAINED WELL OVER THE YEARS. OUR PROPOSED ADDITIONS HAVE BEEN DESIGNED IN A MANNER THAT DOES NOT WARRANT ANY MAJOR ALTERATIONS TO THE MAIN BUILDING.

4. Archaeological Significance:

N/A

References

5. Palaeontological Significance:

N/A

References

D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL

1. Purpose of Application:	Damage/destruction/demolition	Alterations/Additions	<input checked="" type="checkbox"/>
Redecoration	Disfigured Written/drawn on	Excavation	
Exhumation	Inundation	Development	
Collection/Removal from original site	Trade/export (heritage objects)	Restricted use of equipment s40(5)	
Consolidation/Subdivision	Amendment of Plan	Other	<input checked="" type="checkbox"/>

ILLEGAL ALTERATIONS.

2. Existing Improvements made on site:

A BOUNDARY WALL WAS CONSTRUCTED ON THE ROAD-SIDE, TO REPLACE THE PRECAST FENCE. THIS WAS CONSTRUCTED WITH THE NEW POOL AS WELL. A COVERED PATIO WAS ALSO CONSTRUCTED AT THE FRONT OF THE HOUSE.

3. Detail the work commenced/carried out

THE IMPROVEMENTS MENTIONED ABOVE WERE CARRIED OUT MANY YEARS AGO. WE HAVE MANAGED TO TRACE THE LAST TWO OWNERS AND ALL RECALL THESE STRUCTURES ALREADY BEING ON SITE AFTER THEM TAKING OWNERSHIP OF THE PROJECT/PROPERTY.

4. Motivation for work (Please motivate fully why work was commenced without approval)

WE/THE CLIENT HAS TAKEN OWNERSHIP OF THE PROPERTY WITH THE , POOL , PATIO & BOUNDARY WALL ALREADY HAVING BEEN INSTRUCTED.

Status of work	Commenced		Stopped		Completed	<input checked="" type="checkbox"/>
Date commenced			Date stopped		Completion date	

E. CONTACT DETAILS

1. CONTRACTOR (the person who has done or who will complete the work)

NAME		UNKNOWN	
POSTAL ADDRESS			
			POST CODE
TEL	FAX/EMAIL		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

NAME		NAZLEEN SHAMOUN	
POSTAL ADDRESS		137 RILEY ROAD, ESSENWOOD, DURBAN	
TEL	POST CODE	4001	
CELL	FAX/EMAIL	nazleen@designdrawing.co.za	
Author's Drawing Nos.	PROFESSIONAL REG. NO.	ST0239	
SIGNATURE		DATE	
		13.06.2022	

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

NAME		S. RAMA & G.W. LEUNG	
POSTAL ADDRESS		21 NELSON ROAD, ESSENWOOD, DURBAN	
TEL	POST CODE	4001	
FAX/EMAIL	shervan.rama@me.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		SHERVAN RAMA	
TEL	FAX/EMAIL	shervanrama@me.com	

F. SUBMISSION FEE: R4000.00 (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. USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330
Account in the name of AMAFA AKWAZULU-NATALI
Account No. 40-5935-6024

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 (*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)	
MOTIVATION/INCEPTION REPORT	
PHOTOGRAPHS*	
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	
PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*	
1:50 000 MAP & SATELLITE AERIAL VIEW	KML FILE MAP
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	
APPOINTMENT LETTERS	CONSENT LETTER
PAYMENT/PROOF OF PAYMENT	