



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, AROON PATEL AND HEIDI LYNN PATEL (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 20 SEPTEMBER 2023

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

Name of property:	Title Deed No.: <u>16575 / 2015</u>
Erf/Lot/Farm No: <u>PORTION 6 OF ERF 2753</u>	Size: <u>2972m²</u>
Street Address <u>23 BERKELEY CRESCENT</u>	Suburb <u>DURBAN NORTH</u>
Town/Local Municipality: <u>ETHEKWINI</u>	District Municipality: <u>ETHEKWINI -- CENTRAL</u>
Current zoning: <u>SPECIAL RES 1200</u>	Present use: <u>RESIDENCE</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	1940
2. Historical Significance:	
	FROM OUR RESEARCH WE FOUND NO HISTORICAL SIGNIFICANCE TO THIS PROPERTY
References	

3. Architectural Significance:	
	THIS DWELLING DISPLAYS TYPICAL TUDOR STYLE CHARACTERISTICS, WITH EXAMPLES OF THE STAINED GLASS LEAD WINDOWS AND DOORS. THE ENTRANCE PORTICO IS ALSO AN ORIGINAL EXAMPLE OF TYPICAL TUDOR AESTHETICS.
References	

4. Urban Setting & Adjoining Properties:	
	THE RESIDENCE IS SET IN THE SUBURBAN AREA OF DURBAN NORTH. THIS IS THE LAST RESIDENCE IN THE STREETSCAPE, THAT HAS NOT BEEN MODIFIED OR ALTERED. ALL THE ADJACENT PROPERTIES HAVE BEEN SUBSTANTIALLY ALTERED.
References	

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

CONDITION	✓	HEALTH REASONS		OTHER	✓
-----------	---	----------------	--	-------	---

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

THE OWNERS HAVE REQUESTED TO 'OPEN PLAN' THE INTERIOR LIVING SPACE. THE EXISTING TUDOR ERA ARCHITRAVES WILL BE RETAINED WHERE APPLICABLE. THEIR NEEDS ARE TO CREATE A LIVING SPACE THAT WILL FLOW OUT ONTO THE PROPOSED REAR ENTERTAINMENT DECK AND POOL AREA.

A NEW DOUBLE GARAGE IS PROPOSED, AS THE EXISTING GARAGE WAS CONVERTED TO AN ULLARY UNIT MANY YEARS AGO.

NEW BOUNDARY WALLS ARE PROPOSED TO ENHANCE SECURITY.

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

THE EXISTING FRONT ELEVATION (FACING BERKELEY CRESCENT STREET SCAPE) WILL BE RETAINING ALL THE TUDOR ARCHITECTURAL ELEMENTS, INCLUDING THE LEAD GLASS STAINED WINDOW AND THE ENTRANCE PORCH. THE EXISTING SCALLOPED 'MUCK' PLASTER WORK WILL BE REMOVED AND PLASTERED SMOOTH, WHILE RETAINING THE PLASTER BANDS THAT IDENTIFY THE TUDOR STYLE.

THE CONCRETE ROOF TILES WILL BE REMOVED AND REPLACED WITH ALUMINIUM SHEETING. THE INTERIOR WALLS IN THE LIVING ROOM WILL BE DEMOLISHED TO CREATE AN OPEN PLAN, WHILE RETAINING THE TUDOR STYLE ARCHITRAVES THAT EXIST. A NEW DOUBLE GARAGE IS PROPOSED.

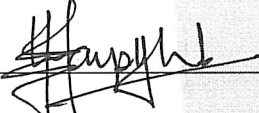
E. CONTACT DETAILS

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

NAME	UNKNOWN AT THIS STAGE.	
POSTAL ADDRESS		
	POST CODE	

TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME DEREK HAUPTFLEISCH	
POSTAL ADDRESS 18 KNOW ROAD	
WESTVILLE	POST CODE 3630
TEL —	FAX/EMAIL dhsarch@iafrica.com
CELL 0837751079	SACAP REG. NO. ST2201
Author's Drawing Nos. dhs 2023-209-300 To 306	
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 20/09/2023

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

NAME ARDON PATEL AND HEIDI LYNN PATEL	
POSTAL ADDRESS 23 BERKELEY CRESCENT	
WESTVILLE	POST CODE 4051
TEL 083456 5553	FAX/EMAIL mKelly@yebo.co.za

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 N/A.	
TEL	FAX/EMAIL

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

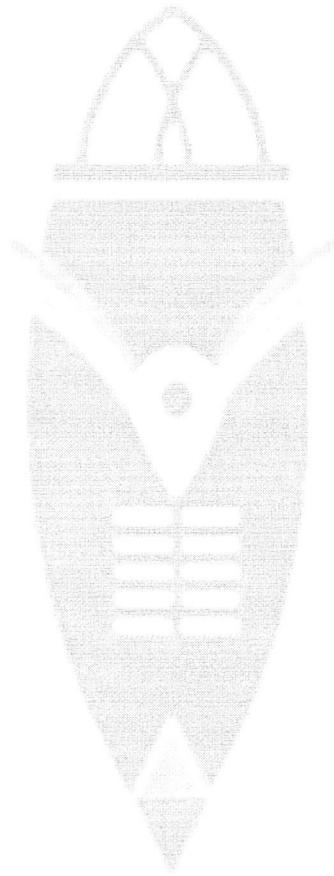
G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax/Email _____

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

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------

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 (<u>use street address as reference</u>)	✓	



KWAZULU-NATAL
AMAFA
 RESEARCH INSTITUTE