



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-NATALI 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, CHRIS VAN AARDT

(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 [Signature]

Place PIETERMARITZBURG

8 August 2022

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:

1. Name of property: BEYONZ OFFERHIGGUB Title Deed No. T 21/8422

2. Erf/Lot/Farm No: _____

Street Address: 23 CONNOR ROAD CHASEDENE PIETERMARITZBURG

Local Municipality USUNDUNI MUNICIPALITY

District Municipality UMBUGUNDLOU DISTRICT MUNICIPALITY

3. Current zoning SPECIAL RESIDENTIAL Present use HOUSE

2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

REOPENING OF THE SITE FROM SPECIAL RESIDENTIAL
 TO TRANSITIONAL OFFICE AND SCHEME TO ALLOW A
 VETERINARY CLINIC

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

NONE

E. CONTACT DETAILS

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

N/A

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

C. SIGNIFICANCE:

1. Original date of construction ± 1960

2. Historical Significance: NONE

References _____

3. Architectural Significance: NONE

References _____

4. Urban Setting & Adjoining Properties: MIXED USE

D. PROPOSED WORK

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

DEMOLITION

REZONING

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

REZONING

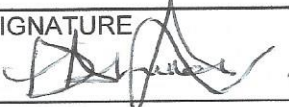
CONDITION		MAINTENANCE		OTHER	<input checked="" type="checkbox"/>
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ADDITION

REZONING

EXTENSION		CHANGED USE		OTHER	<input checked="" type="checkbox"/>
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2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <u>JHANESH DHUKAN</u>	
POSTAL ADDRESS <u>263 LOTUS DRIVE</u>	
<u>LOTUS PARK</u>	POST CODE <u>4133</u>
TEL	FAX
CELL <u>0814428117</u>	SACAP REG. NO. <u>BAT24750905</u>
Author's Drawing Nos.	
SIGNATURE 	DATE <u>16 July 2022</u>

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

NAME <u>GIBSTAN VAN AARDT</u>	
POSTAL ADDRESS <u>23 CONNOOR ROAD</u>	
<u>CHASSENE TUB</u>	POST CODE
TEL	FAX

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>FAZAL EBRAHIM</u>	
TEL <u>0618566400</u>	FAX

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 **AMAFI 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
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	✓	