



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, JEREMY ALEXANDER SHOLTO DOUGLAS (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.

X

Signature 
 Place uMhlanga Date 17/11/2022

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

Name of property: <u>SAN MICHELE</u>	Title Deed No.: <u>T10 15568</u>
Erf/Lot/Farm No: <u>ERF 200</u>	Size: <u>3724 m²</u>
Street Address: <u>23 PARK DRIVE</u>	Suburb: <u>UMHLANGA ROCKS</u>
Town/Local Municipality: <u>ETHEKWINI</u>	District Municipality: <u>ETHEKWINI - NORTH</u>
Current zoning: <u>GENERAL RESIDENTIAL 1</u>	Present use: <u>RESIDENTIAL</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	1959
2. Historical Significance:	
FROM OUR RESEARCH WE FOUND NO EVIDENCE OF HISTORICAL SIGNIFICANCE.	
References	

3. Architectural Significance:	
THE BUILDING WAS DESIGNED BY WILLIAM KERR AND THE ORIGINAL DRAWINGS ARE DATED 1959.	
THIS BUILDING DISPLAYS NO EVIDENCE OF ANY ARCHITECTURAL SIGNIFICANCE.	
References	

4. Urban Setting & Adjoining Properties:	
THIS BUILDING IS SET IN THE SUBURBAN AREA OF UMHLANGA ROCKS. IT IS SURROUNDED BY BUILDINGS OF SIMILAR STYLE, TYPICAL OF THE ERA IN WHICH THEY WERE BUILT.	
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 type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>
ADDITION					

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

THE CLIENT NEEDS AN ADDITIONAL BATHROOM, AND THE
KITCHEN REQUIRES UPGRADING TO AN OPEN PLAN DESIGN,

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

THE EXISTING BATHROOM NEEDS TO BE UPGRADED AND REFURBISHED.
THE EXISTING WALK-IN CUPBOARD IS TO BE CONVERTED TO AN
EN-SUITE BATHROOM, WITH A NEW WINDOW TO MATCH THE EXISTING.
AN ADDITIONAL BUILT IN CUPBOARD IS NEEDED, AND IS PROPOSED TO
BE BUILT IN THE PASSAGE.
THE KITCHEN IS IN NEED OF RE-FURBISHMENT, AND THE EXISTING
WALL IS TO BE DEMOLISHED TO CREATE AN OPEN PLAN DESIGN.


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 KNOLL ROAD	
WESTVILLE	POST CODE 3630
TEL 031-2671421	FAX/EMAIL dhsarch@iafrica.com
CELL 0837751079	SACAP REG. NO. ST2201
Author's Drawing Nos. dhs 2022 - 162 - 300	
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 14 NOVEMBER 2022

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

NAME JEREMY ALEXANDER SHOLTO DOUGLAS	
POSTAL ADDRESS 23 PARK DRIVE	
UMHILANGA ROCK	POST CODE 4051
TEL 076 305 3992	FAX/EMAIL jas-douglas@cantab.net

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	
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

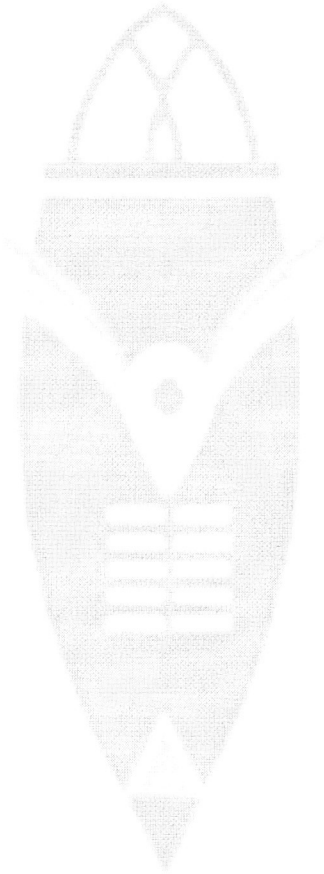
G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

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"/>
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MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		x
PROOF OF PUBLIC PARTICIPATION*		x
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	



KWAZULU-NATAL
AMAFA
 RESEARCH INSTITUTE