

**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](http://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, S.O & H.Y ASWANI

(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  H.Y. AswaniPlace DURBAN Date 28.02.2023

(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:

Erf/Lot/Farm No:

PORTION 5 (OF 4) OF ERF 2419 OF DURBAN

GPS Co-ordinates

Street Address:

411 CURRIE ROAD, DURBAN

Local Municipality

ETHEKWINI MUNICIPALITY

District Municipality

CENTRAL ENTITY

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:**

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

**2. Historical/Military Significance:**

N/A

References

**3. Architectural Significance:**

Original date of construction:

Significance:

References

**4. Archaeological Significance:**

N/A

References

**5. Palaeontological Significance:**

N/A

References

**D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL**

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

2. Existing Improvements made on site:

THE OUTBUILDING HAS BEEN DEMOLISHED & RE-BUILT. THE ADDITIONS ON SW SIDE OF THE MAIN BUILDING WAS OMITTED & THE ADDITIONAL SPACE THAT WAS REQUIRED WAS OBTAINED BY PROPOSING ADDITIONAL AREA TO THE SE (FRONT) SIDE OF THE STRUCTURE. A BASEMENT LEVEL FOR A GAMES ROOM WAS CREATED BY LOWERING THE GROUND LINE.

3. Detail the work commenced/carried out

AS A RESULT OF THE IMPROVEMENTS MENTIONED ABOVE THE INTERNAL STAIRCASE WAS RE-LOCATED, THE ROOM LAYOUTS WERE ADJUSTED, THE BATHRM LAYOUTS WERE ALSO ADJUSTED; WINDOW AND DOOR POSITIONS WERE RELOCATED. THE EXTERNAL STAIRCASE FROM THE ROAD LEVEL GARAGES TO THE BASEMENT LEVEL OF THE MAIN DWELLING.

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

THE OUTBUILDING WAS RE-BUILT AS IT WAS UNSTABLE, ALSO, THE LEVEL OF THE BUILDING WAS BROUGHT LOWER. THE ADDITIONS ON THE SW SIDE WAS OMITTED TO ALLOW FOR A WIDER DRIVEWAY FOR EASIER MANOUVERABILITY OF VEHICLES AS IT IS A VERY STEEP DRIVEWAY. THIS WAS ALSO THE REASON WE RE-LOCATED AWAY FROM THE DRIVEWAY (FROM THE ROAD TO BASEMENT LEVEL)

THE BASEMENT WAS INITIALLY 2.1m IN HEIGHT & USED FOR GARDEN STORES. BY LOWERING THE FLOOR LEVEL WE

Status of work	Commenced		Stopped		Completed	STRUCTURE ✓
Date commenced			Date stopped		Completion date	

HAVE A PERFECT ENTERTAINMENT AREA & USE OF A SPACE THAT WOULD HAVE BEEN WASTED.

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

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

2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

NAME		N. SHAMOUN	
POSTAL ADDRESS		10 LODGE GROVE	
OVERPOST		POST CODE 4091	
TEL	FAX/EMAIL	nazleen@designdrawing.co.za	
CELL	PROFESSIONAL REG. NO.	ST0239	
Author's Drawing Nos. n19-21 Wb01, n19-21 Wb02, n19-21 Wb03, n19-21 Wb04			
SIGNATURE		DATE	
		28.02.2023.	

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

NAME		S.O & H.Y ASWANI	
POSTAL ADDRESS			
		POST CODE	
TEL	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		SATAR ASWANI	
TEL	FAX/EMAIL	abdulsatar78692@gmail.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		✓