

KWAZULU-NATAL
AMAFA
& RESEARCH INSTITUTE

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 uploaded to the online system, SAHRIS, run by the S A Heritage Resources Agency – go to www.sahra.org.za to register to use the system (see attached guidelines)

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, Tracey Naas (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 [Handwritten Signature]

Place Durban Date 27.1.23

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

Name of property: <u>FLAT 1 - APSLEY COURT</u>	Title Deed No.: <u>22 43152</u>
Erf/Lot/Farm No: <u>PORTION 6 AND 7 OF LOT 2174 DURBAN</u>	Size of land: GPS Co-ordinates:
Street Address <u>443 MUSGRAVE ROAD</u>	Suburb <u>BEREA - DURBAN</u>
Town/Local Municipality: <u>ETHEKWINI</u>	District Municipality: <u>CENTRAL</u>
Current zoning:	Present use: <u>FLAT - RESIDENCE</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:
2. Historical Significance:
EXTERNAL NOT TO ALTERED
References

3. Architectural Significance:
INTERNAL ALTERATION ONLY.
References

4. Urban Setting & Adjoining Properties:
VARIED BETWEEN NEW MODERN BUILDINGS AND SOME THAT HAVE STOOD THE TEST OF TIME.
KWAZULU-NATAL
References

D. PROPOSED WORK

1. Purpose of Application (Indicate the reason by marking the relevant box)				
DEMOLITION				
CONDITION		HEALTH REASONS	DEVELOPMENT/OTHER	
ALTERATION				
CONDITION		HEALTH REASONS	DEVELOPMENT/OTHER	X
ADDITION				
CONDITION		HEALTH REASONS	DEVELOPMENT/OTHER	

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

THIS FLAT HAS NEVER BEEN RENOVATED. VERY OUTDATED AND IN NEED OF AN UPGRADE.

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

INTERNAL ALTERATION ONLY - NO CHANGE TO EXTERNAL.

INTERNAL WALLS REMOVED TO CREATE BETTER SPACES AND OPEN PLAN LIVING.

BATHROOMS TO BE REFURBISHED AND NEW FITTINGS INSTALLED.

E. CONTACT DETAILS

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

NAME

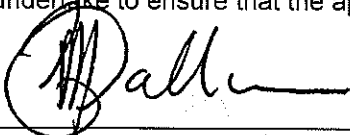
POSTAL ADDRESS

POST CODE

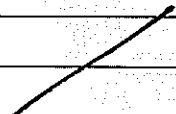
TEL FAX/EMAIL

CELL QUALIFICATIONS

REGISTRATION OF INDUSTRY REGULATORY BODY:

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER	
NAME RAYMOND MC CALLUM	
POSTAL ADDRESS 20 ASSAGAY ROAD	
HILLCREST	POST CODE 3610
TEL	FAX/EMAIL
CELL 082 3767199	SACAP REG. NO. ST 2097
AUTHOR'S DRAWING NOS.	
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 27.1.23

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)	
NAME TRACEY NUSS	
POSTAL ADDRESS FLAT 1 APSLEY COURT	
443 MUSGRAVE COURT	POST CODE 4000
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 	
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
<u>USE STREET ADDRESS/FARM NAME AS REFERENCE</u>

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
APPLICATION FORM (FULLY COMPLETED, INCLUDING MOTIVATION & SIGNED BY OWNER & PLANS AUTHOR)	✓
PHOTOGRAPHS*	✓
ORIGINAL and PREVIOUSLY APPROVED DRAWINGS	
PLANS - NUMBERED AND COLOURED *	✓
TITLE DEEDS	✓
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	
PROOF OF PUBLIC PARTICIPATION*	
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓