

APPLICATION F	ORM I (for Official Use)
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.

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 1 HOOSEN ABOORAKER	ALLY
1, 7,000	
restrictions, by-laws and directions under which	undertake strictly to observe the terms, conditions, the KWAZULU-NATAL AMAFA AND RESEARCH
INSTITUTE may issue the written approval of the	work to me.
Signature Signature	
Place P. M. Burg	Date 26/06/2023
(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 s	ubmitted in support of this application)
B. PROPERTY DESCRIPTION:	Title Deed No 1 1977 27
Name of property/Project title:	
Erf/Lot/Farm No:	GPS Co-ordinates name purchased of .
1 the 5 of En 393 Villemmasburg.	29° 37' 35, 43" 5 30° 23' 19, 99" E
Street Address, Suburb, Town:	,
No 17 Jamond Road Scottoville	I District Manager 199
Local Municipality	District Municipality Traditional-Authority Area
Woundays Municipality	Traditional-Authority Area
	0 0

Current zoning	l Peridenti	d 3	Present use	howe.		
C. HERITAGE SIGNIFICANCE: (complete sections appropriate to site)						
		ources on the Site:	sections approp	mate to sit	5)	
Permanent Protection:	Heritage Landmark/ Provincial HL	Listed on the Heritage Register	Provisionally Protected issued)	(notice	Site in a Pro Area	otected
Generally Protected site containing:	Structures 60 years +	Graves	Archaeological Battlefield or ro		Palaeontological material Meteor impact sit	е
An add them 60 years. The major have was affect in 2006 ment a boundary have have allowed the house of allowed the house of allowed the house of a long the house of the house of a long the house of the hous						
4. Archaeological Significance:						
NA ·						
References				===		
5. Palaeontological Significance:						
N/P						
References						
D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL						
1. Purpose of A	Application:	Damage/destruction		Alterations	S	/
Redecoration		Disfigured Written/d	rawn on	Excavation	n	

Collection/Removal from original site	Trade/export (heritage objects)	Restricted use of equipment s40(5)
Consolidation/Subdivision	Amendment of Plan	Other
2. Existing Improvement	nts made on site: Yhu Weard	improvements made to the
toll all a faither	m of a bout poster which which which where the start of the grown when some	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1 1		
3. Detail the work comm	1 -1 -1	, b 1 11 -
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the man well and it	13 Recember 1950 that	
was converted to a	lum room and	the hardy to the
inde of the sure	garage and butchen	was someted to
habital toom pr		/ 4 1 + 41
projecty in 2022		
4. Motivation for work	(Please motivate fully why work was con	nmenced without approval)
the symmet of	Ange is required !	of the condonation of the
m 2006 and M	11 1	
maying to litect.	leane who that	
commenced on the	e building of the	/ Just storey.
	7 /	<u> </u>
	18:	1) A Completed 1) /A
Status of work Commenced	Stopped Stopped	1110 1 110
Status of work Commenced Date commenced	Date stopped	Completion date
Date commenced E. CONTACT DETAILS	Date stopped	Completion date
Date commenced E. CONTACT DETAILS	Date stopped Date stopped Serson who has done or who will of	Completion date

Inundation

Development

Exhumation

	POST CODE WA.			
TEL N/A	FAX/EMAIL U/A ·			
CELL N/A	QUALIFICATIONS NA .			
REGISTRATION OF INDUSTRY REGULATORY	BODY: N/A			
	·/·			
2. ARCHITECTURAL PROFESSIONAL/ HEI	RITAGE PRACTITIONER			
NAME Winy John Molney.				
POSTAL ADDRESS IN 3953 M Fruit NULLAR .				
	POST CODE 3209			
TEL 083 626 0878	FAXTEMAIL delog me dym disigno. co. za.			
CELL 083 626 0878	PROFESSIONAL REGINO. ST 0345.			
Author's Drawing Nos. 2392 0 1-3				
SIGNATURE INTO	DATE 9 Tul. 2022			
ryllyly.	2 Fuly 2023.			
	ated person to sign on the front of this form)			
NAME Hoosh also baker	ally ·			
POSTAL ADDRESS 17 To mm	red Sith rille.			
returnents bun	POST CODE 320 I			
TEL 073 255 6066	FAX/EMAIL hosen@ randhtrand . a. ga.			
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 belong John Melney to DJM Canning & Design Hy Hol.				
TEL 083 626 0878	FAX/EMAIL along ma din diagno. co. qu			
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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 the KZN Amafa and Research Institute				
Account No. 40-5935-6024				
C DUDI IC DARTICIDATION: (C	tails of Interested and Affected Darling Consulted			
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 CURRENTS POCUMENTS TON				
H. CHECKLIST OF SUPPORTING DOCUMENTATION (*see guidelines)				
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)				
MOTIVATION/INCEPTION REPORT				
PHOTOGRAPHS*				
ODIGINAL /DDEVIOUS DDAVAINGS/DEDORTS				