

**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](mailto: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, DAVID JOHN LEE (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 \_\_\_\_\_

Place \_\_\_\_\_

DURBAN

Date \_\_\_\_\_

27 SEPTEMBER 2022

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

Name of property: <u>EXISTING RESIDENCE</u>		Title Deed No.: <u>T 13147/96</u>
Erf/Lot/Farm No: <u>SUB 18 OF LOT 2129</u>	Size: <u>631,31m<sup>2</sup></u>	GPS Co-ordinates:
Street Address <u>61 MONMOUTH ROAD</u>		Suburb <u>MORNINGSIDE</u>
Town/Local Municipality: <u>ETHEKWINI - CENTRAL</u>		District Municipality: <u>ETHEKWINI</u>
Current zoning: <u>MEDIUM DENSITY</u>		Present use: <u>RESIDENCE</u>

### C. SIGNIFICANCE:

1. Original date of construction/plan approval:	1940 +
2. Historical Significance:	
FROM OUR RESEARCH, WE COULD NOT FIND ANY SIGNIFICANT HISTORICAL DOCUMENTATION.	
References	

3. Architectural Significance:
CONSTRUCTED IN THE EARLY 1940'S, THIS DWELLING HAS TYPICAL CHARACTERICS OF LATE VICTORIAN OR EARLY EDWARDIAN ERA. DUE TO ALTERATIONS AND ADDITIONS UNDERTAKEN SINCE, THE HOUSE NO LONGER HAS MANY OF THESE CHARACTERISTICS.
References 'A MEASURE OF THE PAST' - RODNEY HARBER / BRIAN KEARNEY.

4. Urban Setting & Adjoining Properties:
THE DWELLING IS SITUATED IN OLDER PART OF MORNINGSIDE, WHERE MANY OF THE SURROUNDING PROPERTIES, HAD SIMILAR ARCHITECTURAL CHARACTERISTICS. UNFORTUNATELY MANY OF THESE HAVE HAD SIMILAR ADDITIONAL WORK CARRIED OUT.
References

### D. PROPOSED WORK

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

<b>DEMOLITION</b>				
CONDITION		HEALTH REASONS		OTHER
<b>ALTERATION</b>				
CONDITION		HEALTH REASONS		OTHER
<b>ADDITION</b>				

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

THE OWNER WAS NOT AWARE THAT AMAFA OR ETHEKWINI APPROVAL
WAS NECESSARY. THE EXISTING ILLEGAL WORK WAS CARRIED OUT
MORE THAN 7 YEARS AGO. THE CURRENT OWNER CONTACTED ME FOR
FURTHER ADDITIONS AND ALTERATIONS THEY ARE PLANNING. I HAVE
INFORMED THEM OF THE CORRECT PROCEDURES TO FOLLOW. THE WORK
THAT IS PROPOSED INCLUDE INTERNAL AMENDMENTS TO THE BATHROOM,
KITCHEN AND STUDY, AS WELL AS A NEW SWIMMING POOL AND
NEW STAIRS FROM THE VERANDA TO THE REAR GARDEN.

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

THE BOUNDARY WALL IS 1.7m HIGH OF STANDARD BRICKWORK
CONSTRUCTION WITH PLASTER AND PAINTED FINISH WITH A PLASTER
COPING ALL TO MATCH THE EXISTING ADJACENT BOUNDARY WALLS.
A STANDARD ALUMINIUM CARPORT, COLOUR-WHITE, WITH 75 mm SQ
POSTS HAS BEEN ERECTED AT THE BOTTOM END OF THE DRIVEWAY.
THE INTERNAL ALTERATIONS / DEMOLITIONS ARE INTENDED TO CREAT
AN OPEN PLAN INTERIOR. ADDITIONAL STAIRS WITH AN EXTENSION
OF THE REAR VERANDA ARE PROPOSED.
A PROPOSED SWIMMING POOL IS PROPOSED, ALL AS SHOWN ON
OUR DRAWINGS ATTACHED TO THE APPLICATION.

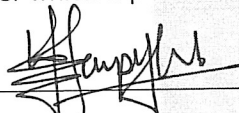
E. CONTACT DETAILS

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 <b>DEREK HAUPTFLEISCH</b>	
POSTAL ADDRESS <b>18 KNOLL ROAD</b>	
<b>WESTVILLE</b>	POST CODE <b>3630</b>
TEL <b>—</b>	FAX/EMAIL <b>dhsarch@iafrica.com</b>
CELL <b>0837751079</b>	SACAP REG. NO. <b>ST2201</b>
Author's Drawing Nos. <b>dhs 2022 - 186 - 301 AND dhs 2022 - 186 - 302</b>	
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 <b>27 SEPTEMBER 2022</b>

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

NAME <b>DAVID JOHN LEE</b>	
POSTAL ADDRESS <b>61 MONMOUTH ROAD, MORNINGSIDE</b>	
<b>DURBAN</b>	POST CODE <b>4001</b>
TEL <b>073 693 2031</b>	FAX/EMAIL <b>davelee@absamail.co.za</b>

## 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

R 4000.00

## 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 \_\_\_\_\_ Fax/Email \_\_\_\_\_  
Telephone \_\_\_\_\_

## 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 <del>when in hard copy</del> ) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT ( <u>use street address as reference</u> )	✓	

