



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.

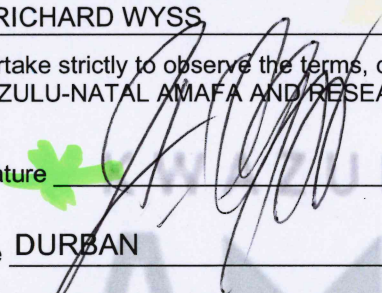
NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)

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, RICHARD WYSS (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 27/09/2022

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

Name of property: <u>65 St Andrews Drive</u>		Title Deed No.:
Erf/Lot/Farm No: <u>1941</u>	Size: <u>1189 M2</u>	GPS Co-ordinates: LATITUDE - 29.7891604 LONGITUDE - 31.039216
Street Address <u>65 ST ANDREWS DRIVE</u>		Suburb <u>Broadway</u> <u>DURBAN NORTH</u>
Town/Local Municipality: <u>ETHEKWINI MUNICIPALITY</u>		District Municipality: <u>CENTRAL REGION</u>
Current zoning: <u>special zoning</u>		Present use: <u>offices</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	13/01/1946
2. Historical Significance:	A BASTARDIZED STYLE OF ARCHITECTURE - THREE STYLES GREGORIAN, TUDOR AND SPANISH - UNFORTUNATELY THE BUILDING HAS BEEN TECHINICALLY DESTROYED IN TERMS OF THE GENERAL APPEARANCE. ELEMENTS REMAINING - 60% OF THE WINDOWS ARE OREGAN PINE AND IS IN MINT CONDITION UNFORTUNATELY PAINTED WHITE. FOUR STAIN GLASS WINDOWS TO BE RETAINED - SEE PHOTO. OREGAN PINE ROOM DIVIDE WITH LEAD LIGHT GLAZED
References	WINDOWS / SECTIONS FOLDING DOOR - MINT CONDITION- OREGAN PINE PAINTED WHITE - TO BE REMOVED AND DONATED TO THE HERITAGE SOCIETY. BOTH FLOORS HAVE OREGAN PINE FLOORS - TO BE RETAINED.

3. Architectural Significance:	NONE
References	

4. Urban Setting & Adjoining Properties:	THE PROPERTY IS ADJOINING THE BROADWAY PRECINT HOWEVER THE ADJOINING PROPERTIES HAVE BEEN DESTROYED WITH EXCEPTION OF THE HOUSE ACROSS THE ROAD. NO ADDITIONAL COMMENT
References	

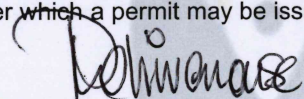
D. PROPOSED WORK

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 checked="" type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
ADDITION					

TEL 031 304 8630	FAX/EMAIL graeme@graemekerr.co.za
CELL 082 552 3338	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY: NHBRC	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME PETER WHITEHOUSE DESIGNS CC	
POSTAL ADDRESS 8 ST MARY'S ROAD, LOUDON PARK, KLOOF	
DURBAN	POST CODE 3610
TEL 031 764 6666	FAX/EMAIL admin@whitehousedesigns.co.za
CELL 083 309 8984	SACAP REG. NO. ST0168
Author's Drawing Nos. WD 04, WD 05, WD 06	
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 20/09/2022

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

NAME INOHAIR CC	
POSTAL ADDRESS : 519 Lilian Ngoyi / Smiso	
Nkwanyana Road, Durban	POST CODE 4001
TEL 082 577 1156	FAX/EMAIL innovation@iafrica.com

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 RICHARD WYSS	
TEL 082 577 1156	FAX/EMAIL innovation@iafrica.com

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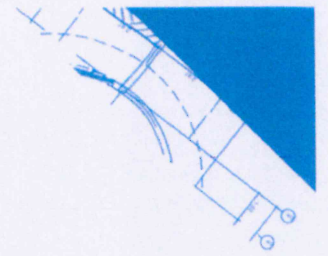
MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	✓	
PROOF OF PUBLIC PARTICIPATION* - N/A		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	



KWAZULU-NATAL
AMAFA
 & RESEARCH INSTITUTE



South African Council
for the Architectural Profession



CONFIRMATION OF GOOD STANDING

It is hereby confirmed that

Peter Maunder Whitehouse

is registered and in good standing with the South African Council for the
Architectural Profession in terms of Section 19(2)(a)
of the Architectural Profession Act, 2000

Registration category:	Professional Senior Architectural Technologist
Registration number:	ST0168
Original registration Date:	2002-04-24
Current registration Date:	2002-04-24
End of CPD Cycle:	2022-12-31

Contact Details

Email: adm*n@wh*teh*use*esi*ns.c*.za

Mobile: 083 *09 8*84

As a registered Professional, the abovementioned person is permitted to undertake all the standard services of
Registration category: Professional Senior Architectural Technologist
and any areas of specialization that s/he has proven competencies to undertake.

Mr. Ntsindiso Charles Nduku
President

Adv. Toto Fiduli
Registrar



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SACAP has confirmed the above information, for digital certification and sharing by PrivySeal Limited,
at 07:57 AM (Africa/Johannesburg) on 23 Nov 2021.





South African Council
for the Architectural Profession

CERTIFICATE OF REGISTRATION

This certificate is proudly issued to

Peter Maunder Whitehouse

registered as a

Professional Senior Architectural Technologist

In Terms of The Architectural Profession Act, 2000 (Act No. 44 of 2000)

Registration Number: ST0168
Original Registration Date: 2002-04-24
Current Registration Date: 2002-04-24
Certificate Serial Number: 24689879
End of CPD Cycle: 2022-12-31

Contact Details

Email: adm*n@wh*teh*use*esi*ns.c*.za

Mobile: 083 *09 8*84

Mr. Ntsindiso Charles Nduku
President

Adv. Toto Fiduli
Registrar

SACAP has confirmed the above information, for digital certification and sharing by PrivySeal Limited,
at 07:54 AM (Africa/Johannesburg) on 23 Nov 2021



*This certificate is only valid
if the Registered Person has paid
annual fees and has complied with
the CPD requirements*