



**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.

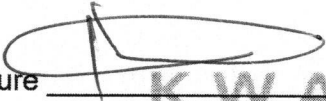
**NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)**

**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](http://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, Nokuthula Zamile Dlamuka (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 7 Watt Road, Hillary Date 2023/08/04

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

Name of property: _____		Title Deed No.: <u>T 000025926/2019</u>
Erf/Lot/Farm No: <u>Portion 2 of Erf 528 Bellair</u>	Size of land: <u>825m<sup>2</sup></u>	GPS Co-ordinates: <u>29°88668S 30°9446 E</u>
Street Address <u>7 Watt Road, Hillary</u>		Suburb <u>Durban</u>
Town/Local Municipality: <u>EtheKwini</u>		District Municipality: <u>EtheKwini</u>
Current zoning: <u>Special Residential 400</u>		Present use: <u>Residential</u>

**C. SIGNIFICANCE:**

<b>1. Original date of construction/plan approval:</b>	1957
<b>2. Historical Significance:</b>	
There is no known historical significance attached to this property.	
References	

<b>3. Architectural Significance:</b>	
There is no architectural significance attached to this property.	
The existing dwelling is a conventional brick under tile structure.	
References	

<b>4. Urban Setting &amp; Adjoining Properties:</b>	
This is a predominantly residential area with most dwellings having tiled hip or gable roofs over brick or blockwork	
References	

**D. PROPOSED WORK**

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

✓

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

The owner wishes to provide safe and secure off-street parking to accommodate the two motor vehicles that their family possess.

The vehicles are not considered safe whilst parked on the road reserve.

The garage will also provide protection from the natural elements that one encounters during the summer and winter periods in KwaZulu Natal.

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

It is proposed to construct a double garage at road level, and due to the significant difference in ground levels, also a small servants room below.

The building will be constructed of plastered brick/blockwork under a tiled gable roof all to match existing.

An existing timber servant's quarters that was formally approved in accordance with Plan No-5571006 is to be converted by name only into an Ancillary unit simply to comply with the current local authority Town Planning Scheme.

E. CONTACT DETAILS

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

NAME A registered contractor has not yet been appointed.

POSTAL ADDRESS

POST CODE

TEL

FAX/EMAIL

CELL

QUALIFICATIONS

REGISTRATION OF INDUSTRY REGULATORY BODY:

<b>2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER</b>	
NAME <u>John Littlefield</u>	
POSTAL ADDRESS <u>18 Spence Road, Malvern,</u>	
<u>Queensburgh.</u>	POST CODE <u>4093</u>
TEL <u>082 804 3431</u>	FAX/EMAIL <u>houseplans48@gmail.com</u>
CELL <u>082 804 3431</u>	SACAP REG. NO. <u>D0424</u>
AUTHOR'S DRAWING NOS. <u>7W0823</u>	
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 <u>J.L. Littlefield</u>	DATE <u>2023/08/04</u>

<b>3. OWNER OF PROPERTY</b> (Owner or delegated person to sign on the front of this form)	
NAME <u>Nokuthula Zamide Dlamuka</u>	
POSTAL ADDRESS <u>7 Watt Road, Hillary, Durban</u>	
<u>KwaZulu Natal</u>	POST CODE <u>4094</u>
TEL <u>083 608 2018</u>	FAX/EMAIL <u>nokuthulad223@gmail.com</u>

<b>4. DELEGATED AUTHORITY</b> (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  
USE STREET ADDRESS/FARM NAME AS REFERENCE

<b>G. PUBLIC PARTICIPATION:</b> (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 _____

<b>H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines)</b>	<b>YES</b>
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* <u>Neighbours Consent</u>	✓
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓