



**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, YVONNE WENDY FRYER (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 5 OCTOBER 2023

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

Name of property:	<u>MIA LAB APARTMENTS</u>	Title Deed No.:	
Erf/Lot/Farm No:	<u>5140</u>	Size:	GPS Co-ordinates: <u>30.992761°E 29.859622°S</u>
Street Address	<u>216 LENA AHRENS ROAD</u>	Suburb	<u>GLENWOOD, DURBAN</u>
Town/Local Municipality:	<u>ETHEKWINI MUNICIPALITY</u>	District Municipality:	
Current zoning:		Present use:	

**C. SIGNIFICANCE:**

<b>1. Original date of construction/plan approval:</b>	2004
<b>2. Historical Significance:</b>	
MIA LAB APARTMENTS were surveyed in 1930, but then converted to individual apartments in .	
2004. These apartments are situated in Glenwood, Durban which is known as one of the oldest	
suburbs in Durban. There are 8 apartments and are all currently occupied.	
References	
See attached	

<b>3. Architectural Significance:</b>	
It's the design of the building.	
Due to the age of this building and the heritage, we have not been able to replace or repair	
any structures on this building which have now become a significant problem, as it's having a	
major impact on the structure of the building, the appearance and devalue of the properties.	
References	
See attached pictures	

<b>4. Urban Setting &amp; Adjoining Properties:</b>	
Mia Lab apartments is situated opposite BULWER PARK, which was well supported and	
utilised by the residents. The park has become less used due to issues of vagrants, litter,	
unhygienic conditions, overgrown trees/grass and the lack of safety.	
Mia Lab apartments is across the road from the DBN CHILDRENS HOME.	
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	X	OTHER	X
<b>ADDITION</b>					



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

The window frames in Mia Lab Apartments are extremely old and are in desperate need of replacement, due to weather conditions/borer and termites damage.
- The wooden frames are rotten and owners cannot open their windows as they are afraid that the window frames and glass are going to fall out. This is a huge safety and health problem as mould is starting to grow inside the bathroom areas, so their windows need to be replaced.
- The aliminim windows are unrepairable, the putty has become extremely hard, and impossible to remove it. When trying due to the hardness of the putty and trying to it, it jus cracks the window panes plus the frames have become extremely rusty.
- Another concern is due to the vagrants in the park, it gives them easy access to break into the apartments.
- I have had contractors on site to see if the windows and repairable, and they have informed me that they are beyond repairing.

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

The owners at Mia Lab Apartments would like to have permission or have a permit granted to them to replace our wooden and aluminum wooden frames and replace them with new .
new windows.
This would avoid any unnecessary potential incidents/health risk and improve the appearance and the value of the properties..
Each owner will be responsible for the replacement of their windows as per the permission granted by AMAFA.

**E. CONTACT DETAILS**

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

NAME	ALU SOLUTIONS
POSTAL ADDRESS	5 BILLWOOD ROAD, QUEENSBURG INDUSTRIAL, QUEENSBURG
	POST CODE

TEL 031-401 2421	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY: AAAMSA GROUP	

**2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX/EMAIL
CELL	SAGAP REG. NO.
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

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

NAME YVONNE WENDY FRYER	
POSTAL ADDRESS 5 MIA LAB APARTMENTS, 216 LENA AHRENS ROAD, GLENWOOD, DURBAN	
	POST CODE 4001
TEL 078 893 6521	FAX/EMAIL YWRYER@GMAIL.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 Yvonne Wendy Fryer	
TEL 078 893 6521	FAX/EMAIL ywryer@gmail.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)	X	
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MOTIVATION	X	
PHOTOGRAPHS*	X	
ORIGINAL DRAWINGS	X	
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> )	X	