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KWAZULU-NATAL

APPLICATION FORM A

AMAFA AND RESEARCH INSTITUTE

THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY

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. Form I must be used if work has commenced/ been completed without a permit


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)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, 195 LANGALIBALELE STREET, PIETERMARITZBURG, 3201 OR BOX 2685 PIETERMARITZBURG 3200. Alternatively, email all documents to beadmin@amafapmb.co.za

A. DECLARATION BY OWNER

I, PAUL JOHN SOMERS

(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 26 SEPT 22

(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)

B. PROPERTY DESCRIPTION:

Name of property: <u>-</u>	Title Deed No. <u>T 20 3696</u>
Erf/Lot/Farm No: <u>ERF 5406</u>	GPS Co-ordinates: <u>-</u>
Street Address: <u>118 ZK MATHEWS ROAD. GLENWOOD</u>	
Local Municipality: <u>ETHEKWINI CENTRAL</u>	District Municipality: <u>ETHEKWINI</u>
Current zoning: <u>S. R. 400 RESIDENTIAL</u>	Present use: <u>RESIDENTIAL</u>

C. SIGNIFICANCE:

1. Original date of construction	± 1949
2. Historical Significance:	NONE.
References	

3. Architectural Significance:	NONE
References	

4. Urban Setting & Adjoining Properties:
SET IN URBAN AREA OF GLENWOOD WITH ADJACENT RESIDENTIAL HOUSES & OPPOSITE SIMILAR PROPERTIES
References

D. PROPOSED WORK

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

DEMOLITION			
CONDITION		HEALTH REASONS	OTHER
ALTERATION			
CONDITION		HEALTH REASONS	OTHER <i>IMPROVE LIVING AREA</i>
ADDITION			
CONDITION		HEALTH REASONS	OTHER <i>INCREASED FAMILY</i>

2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

IMPROVEMENT OF LIVING AREA'S & OUTSIDE ENTERTAINMENT, INCLUDING ON SITE ADDITIONAL PARKING & 2ND UNIT FOR FAMILY & FRIENDS

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

- ① Swimming Pool
- ② INCREASE LIVING AREA & ADDITIONAL WASH AREA'S FOR GUESTS & OCCUPANTS
- ③ 2ND UNIT FOR VISITOR & /OR FAMILY
- ④ UNDERCOVER ON SITE PARKING

E. CONTACT DETAILS

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

T. B. A.

NAME			
POSTAL ADDRESS			
		POST CODE	
TEL	FAX/EMAIL		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME VIVIANNE HOBBS	
POSTAL ADDRESS 66 CLIVER CRESCENT BLUFF	
TEL —	POST CODE 4052
FAX/EMAIL	
CELL 0848117797	SACAP REG. NO. D1238
Author's Drawing Nos.	
SIGNATURE 	DATE 23 July 2022

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

NAME PAUL JOHN SOMERS	
POSTAL ADDRESS 118 ZK MATHEWS ROAD GLENWOOD	
TEL 076 612 7930	POST CODE
FAX/EMAIL paul@somers.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	
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 AMAFA AKWAZULU-NATALI

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 _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines)

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	✓	
PROOF OF PUBLIC PARTICIPATION*	X	
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	