

KWAZULU-NATAL**AMAFA AND RESEARCH
INSTITUTE**THE KZN PROVINCIAL HERITAGE
RESOURCES AUTHORITY**APPLICATION FORM A**

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 OWNERI, Charles Govender on behalf of MERILEN FAMILY TRUST

(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 GLEMASHLEYDate 22/05/2023

(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: 1A ADRIENNE AVETitle Deed No. T 5673/93

Erf/Lot/Farm No:

ERF 155

GPS Co-ordinates:

Street Address:

1A ADRIENNE AVE GLEMASHLEY

Local Municipality

ETHEKWINI MUNICIPALITY

District Municipality

ETHEKWINI MUNICIPALITY

Current zoning

RESIDENTIAL

Present use

RESIDENTIAL

C. SIGNIFICANCE:

1.	Original date of construction	before 1963
2.	Historical Significance:	
None. House was renovated some years ago as per approved plans		
References		

3.	Architectural Significance:	
		None
References		

4.	Urban Setting & Adjoining Properties:	
		Most houses in the immediate neighbourhood have been renovated.
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 type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
ADDITION					
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>

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

A new Pool was built on this property in 2004. The owners did not submit plans to Council.
An Invoice has been supplied showing date when pool was built.
The house has now been put in the market and the Owners realized that they needed approved Plans showing all additions to the property since last approved Plans.

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

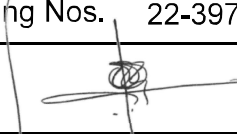
The main addition was the Swimming Pool.
There was also a small Braai added on the Patio & the Owner himself built a carport for a second car.

E. CONTACT DETAILS

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

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME JORGE NICOLAU	
POSTAL ADDRESS P.O.Box 2494	
MOUNT EDGECOMBE	POST CODE 4302
TEL	FAX/EMAIL
CELL 0832266044	SACAP REG. NO. PAD43018738
Author's Drawing Nos. 22-397/01	
SIGNATURE 	DATE 22/05/2023

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

NAME MERILEN FAMILY TRUST	
POSTAL ADDRESS 1A ADRIENNE AVE	
GLEMASHLEY	POST CODE
TEL 0824407210	FAX/EMAIL rupenig@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	
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

	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*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	