



**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/statuses. 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, NAJEM SHAIKH (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 [Signature]

Place DURBAN Date 6/6/2020

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

Name of property: <u>The Benjamin Hotel</u>		Title Deed No.:
Erf/Lot/Farm No: <u>Erf 913, Durban</u>	Size:	GPS Co-ordinates: <u>29°50'03"S 31°01'03"E</u>
Street Address <u>141 Florida Road, Durban</u>		Suburb <u>Morningside.</u>
Town/Local Municipality: <u>eThekweni</u>		District Municipality: <u>eThekweni</u>
Current zoning: <u>GR2 / Special Zone (Florida Rd)</u>		Present use: <u>Hotel.</u>

**C. SIGNIFICANCE:**

1. Original date of construction/plan approval:
2. Historical Significance:
- See Report -
References

3. Architectural Significance:
- See Report -
References

4. Urban Setting & Adjoining Properties:
- See Report -
References

**D. PROPOSED WORK**

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

<b>DEMOLITION</b>			
CONDITION	<input type="checkbox"/>	HEALTH REASONS	OTHER
<b>ALTERATION</b>			
CONDITION	<input type="checkbox"/>	HEALTH REASONS	OTHER <input checked="" type="checkbox"/>
<b>ADDITION</b>			



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

- See Report -

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

- See Report -

KWAZULU-NATAL  
AMAFA


E. CONTACT DETAILS

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

NAME		- Not Appointed as Yet -	
POSTAL ADDRESS			POST CODE

TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME Frank Reitz with designworkshop SA	
POSTAL ADDRESS 2 Bill Simpson Road, Glen Ashley	
	POST CODE 4065
TEL -	FAX/EMAIL frank.reitz.arch@gmail.com
CELL 071 8426757	SACAP REG. NO. Pr Arch 20704
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 26 May 2022.

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

NAME Mr. Nad Shahid of Urban Line	
POSTAL ADDRESS 20th Floor, Durban Club Chambers, Durban Club Place, Durban.	
	POST CODE 4000
TEL 031 941 3980	FAX/EMAIL Nad@fourthspace.co.za.

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 - NA -	
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

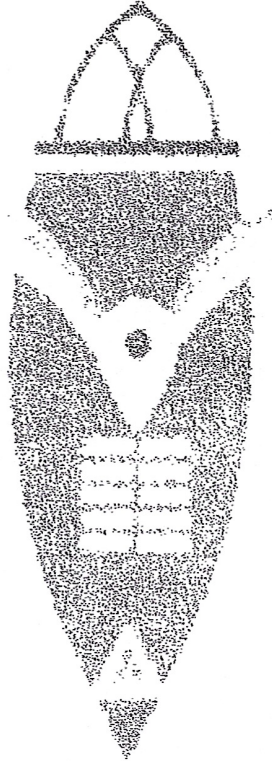
G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A.P. See Guidelines)

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*		
PAYMENT/PROOF OF PAYMENT ( <u>use street address as reference</u> )		



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