

**KWAZULU-NATAL****APPLICATION FORM I****AMAFA AND RESEARCH INSTITUTE**

THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY



Ref:
Date Received:
Application no:
Approved: <span style="float: right;">Not Approved:</span>
Date of Permit:
Permit No:

**APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR THE CONDONATION/ APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both generally and specially protected heritage resources).**

This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za).

**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) THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED**

**ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED, THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION.**

**A. DECLARATION BY OWNER**

I, we Saravan Naicker &amp; Rachael Naicker

(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 written approval of the work to me.

Signature/s *Saravan Naicker* *Rachael Naicker*  
 Place Durban Date 11-02-2021

(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>B. PROPERTY DESCRIPTION:</b>	Title Deed No. 806 957 6016
Name of property/Project title: Additions & Alterations	
Erf/Lot/Farm No: Rem of Erf 412 Bellair	GPS Co-ordinates
Street Address: 51 Parkside Avenue	
Local Municipality: Durban / eThekweni Metro	District Municipality Traditional Authority Area
Current zoning: SR900	Present use: Residential

**C. HERITAGE SIGNIFICANCE: (complete sections appropriate to site)**

**1. Status of Heritage Resources on the Site:**

<b>Permanent Protection:</b>	Heritage Landmark/ Provincial HL		Listed on the Heritage Register		Provisionally Protected (notice issued)		Site in a Protected Area
<b>Generally Protected site containing:</b>	Structures 60 years +	X	Graves		Archaeological site Battlefield or rock art		Palaeontological material Meteor impact site

**2. Historical/Military Significance: None known**

References

**3. Architectural Significance: None known** Original date of construction:

Significance: The main building is typical to the suburb. Clay tile on brick structure.

References

**4. Archaeological Significance: None known**

References

**5. Palaeontological Significance: None known**

References

**D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL**

<b>1. Purpose of Application:</b>	Damage/destruction/demolition		Alterations/Additions	X
Redecoration	Disfigured	Written/drawn on	Excavation	
Exhumation	Inundation		Development	
Collection/Removal from original site	Trade/export (heritage objects)		Restricted use of equipment s40(5)	
Consolidation/Subdivision	Amendment of Plan		Other	

**2. Existing Improvements made on site:**

Main residence, outbuildings, swimming pool, boundary walls, timber deck, garden/retaining walls.

**3. Detail the work commenced/carried out:**

Existing garage &amp; outbuilding extended/converted to ancillary unit, 2 x Awnings/carports erected, existing double garage attached to main residence converted to habitable area, kitchen extended, scullery added and internal changes made.

**4. Motivation for work** (Please motivate fully why work was commenced without approval)

The owner's were not aware of the AMAFA requirements and regulations.

The owners were the occupants of the main residence at the time of the construction. Mr Naicker's widowed mother developed a medical condition and the additional accommodation in the ancillary unit was required at short notice. The existing double garage, which is connected to the main residence was converted to habitable space and linked to the main residence to accommodate the family of 5.


An architectural professional was appointed at the time but the permit application was not submitted.

Status of work	Commenced		Stopped		Completed	X
Date commenced			Date stopped		Completion date	

**E. CONTACT DETAILS****1. CONTRACTOR (the person who has done or who will complete the work)**

NAME: Saravan Naicker (Owner builder)	
POSTAL ADDRESS: P.O. Box 139 Hillcrest	
	POST CODE: 3610
TEL:	FAX/EMAIL: <a href="mailto:nnaicker@metallichem.co.za">nnaicker@metallichem.co.za</a> /rnaicker@metallichem.co.za
CELL: 082 782 2654 - 082 094 4935	QUALIFICATIONS: N.A.
REGISTRATION OF INDUSTRY REGULATORY BODY: N.A.	

**2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER**

NAME: Clive Du Mauria Greyling	
POSTAL ADDRESS: 87 Springside Road Hillcrest	
POST CODE: 3610	
TEL: 031 7654871	FAX/EMAIL: cdgreyling@gmail.com
CELL: 083 286 4270	PROFESSIONAL REG. NO. T0031 (SACAP)
Author's Drawing Nos. SNAICKER51PARKSIDE-2020 (4 Sheets)	
SIGNATURE: 	DATE: 11 February 2021

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

NAME: Saravan Naicker & Rachael Naicker (Married)	
POSTAL ADDRESS: P.O Box 139, Hillcrest	
POST CODE: 3610	
TEL: 0827822654 / 0820944935	FAX/EMAIL: rnaicker@metallichem.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:	
TEL:	FAX/EMAIL:

**F. SUBMISSION FEE: R4000.00** (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.  
**USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE**  
**ACCOUNT DETAILS:**  
**ABSA BANK: Branch: ULUNDI Bank Code: 630330**  
 Account in the name of **AMAFA AKWAZULU-NATALI**  
**Account No. 40-5935-6024**

**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** (\*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)		✓
MOTIVATION/INCEPTION REPORT		✓
PHOTOGRAPHS*		✓
ORIGINAL/PREVIOUS DRAWINGS/REPORTS		✓
PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*		✓
1:50 000 MAP & SATELLITE AERIAL VIEW	✗ KML FILE MAP	✗
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		✓
APPOINTMENT LETTERS	✓ CONSENT LETTER	✓
PAYMENT/PROOF OF PAYMENT		✓