

B. PROPERTY DESCRIPTION:

1. Name of property: 75 OLIEF LEAD Title Deed No. 701340/2013

2. Erf/Lot/Farm No: SUB A of CLARK OF WENTWORTH NR. 860

Street Address: 75 OLIEF LEAD, BLUFF, DURBAN

Local Municipality: _____

District Municipality: _____

3. Current zoning: RESIDENTIAL

A. DECLARATION BY OWNER

I, L. J. Robertson

(Full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amata akwazulu-Natali may issue the permit to me.

Signature: _____

Place: _____

Date: _____

(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)

ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amata akwazulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)

PLEASE NOTE

IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Detach and 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

(Application form H must be used for alteration to structures permanently protected in terms of Section 37, 38, & 39 (Heritage Landmarks))

PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 33(1)(A) FOR THE DEMOLITION, ALTERATION OR ADDITION TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

APPLICATION FORM A (STRUCTURES)


Ref: _____

Date received: _____

Application No: _____ not approved _____

Date of permit/notification: _____

Permit No: _____



		PAYMENT/PROOF OF PAYMENT
		PROOF OF PUBLIC PARTICIPATION
		PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)
		PLANS (X2 SETS) - NUMBERED AND COLOURED
		ORIGINAL DRAWINGS
		PHOTOGRAPHS
		MOTIVATION
	✓	APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)

H. CHECKLIST OF SUPPORTING DOCUMENTATION YES NO

Name _____ Telephone _____ Fax _____

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)

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)

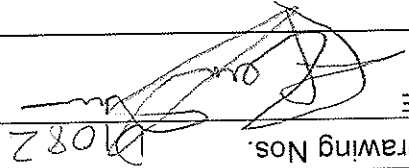
The submission fee is payable to Amata akwazulu-Natali by cheque or bank deposit/Internet banking prior to the processing of this application.
 Banking details in case of direct deposits:
ABSA BANK: Branch: ULUNDI Bank Code: 630330
 Account in the name of **AMATA AKWAZULU-NATALI**
 Account No. 40-5935-6024
 NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office

NAME	TEL
	FAX

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
5. J. LOBKISTAN	031 467 3330
POSTAL ADDRESS	FAX
75 Oliver Road	0866 928 912
POST CODE	
4036	

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

NAME	SIGNATURE
JOASH PERUMAL	
POSTAL ADDRESS	Author's Drawing Nos.
46 Collier Avenue	11082
Umhlatzana, 4092	CELL 084 779 4061
POST CODE 4092	SACAP REG. NO.
	TEL
	FAX
	DATE
	22/08/2013

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER