**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/statues. 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 (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, Clarissa Tammy Ogle (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 26/08/2022

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

Name of property: <u>58 Beaumont Road</u>		Title Deed No.:
Erf/Lot/Farm No: <u>REM OF ERF</u>	Size:	GPS Co-ordinates:
<u>550 Bluff</u>		
Street Address <u>58 Beaumont Road</u>		Suburb <u>Bluff</u>
Town/Local Municipality:		District Municipality:
Current zoning:		Present use:

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	<i>± 1957</i>
2. Historical Significance:	<i>none</i>
References	

3. Architectural Significance:	<i>none</i>
References	

4. Urban Setting & Adjoining Properties:
<i>average residential urban setting with</i>
<i>single & double storey dwellings</i>
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
ADDITION				

CONDITION		HEALTH REASONS		OTHER	
-----------	--	----------------	--	-------	--

2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

general improvements

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

• ex roof to be replaced - ex is deteriorating as original timber was never treated
• repositioning of front door for aesthetic appeal
• awnings for shelter @ back door
• ex garage to be extended
• ex staff quarters to be extended to be made more liveable
• pool & gazebo for entertainment family area

E. CONTACT DETAILS


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

T B 17

NAME	
POSTAL ADDRESS	
	POST CODE

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <u>Violenne Hobbs</u>	
POSTAL ADDRESS <u>66 CLIVER CRESCENT</u>	
<u>BLUFF</u>	POST CODE <u>4052</u>
TEL	FAX/EMAIL <u>vivsdesigns@gmail.com</u>
CELL <u>084 811 7797</u>	SACAP REG. NO. <u>D1238</u>
Author's Drawing Nos. <u>58 BEAU</u>	
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 <u>6 OCT 2022</u>

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

NAME <u>C T OGLE</u>	
POSTAL ADDRESS <u>58 BEAUMONT ROAD</u>	
<u>BLUFF</u>	POST CODE <u>4052</u>
TEL <u>082 564 2634</u>	FAX/EMAIL <u>clarissa@clevelandsteel.co.za</u>

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 <u>N/A</u>	
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------

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>)	✓	



KWAZULU-NATAL
AMAFA
 A RESEARCH INSTITUTE