



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, CATHERINE BARNES (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 WESTVILLE Date 19.07.2022

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

Name of property: <u>46 OLD MILL WAY</u>	Title Deed No.:
Erf/Lot/Farm No: <u>DURBAN NORTH</u> Size: <u>LOT 1123 and ERF 30f9591</u>	GPS Co-ordinates:
Street Address: <u>46 OLD MILL WAY</u>	Suburb: <u>DURBAN NORTH</u>
Town/Local Municipality: <u>NORTH LOCAL</u>	District Municipality: <u>ETHEKWINI</u>
Current zoning: <u>SPECIAL RESIDENTIAL 900</u>	Present use: <u>RESIDENCE</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	1928
2. Historical Significance:	NONE
References	THERE HAVE BEEN MULTIPLE ADDS + ALTS OVER YEARS

3. Architectural Significance:	NONE
References	THERE HAVE BEEN MULTIPLE ADDS + ALTS OVER YEARS

4. Urban Setting & Adjoining Properties:	RESIDENTIAL HOUSES AND JAPANESE GARDENS (MUNICIPAL)
References	GOOGLE EARTH

D. PROPOSED WORK

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

DEMOLITION					
CONDITION	N/A	HEALTH REASONS	N/A	OTHER	N/A
ALTERATION					
CONDITION	GOOD	HEALTH REASONS	NO	OTHER	N/A
ADDITION					

CONDITION	GOOD	HEALTH REASONS	NO	OTHER	N/A
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2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

PROPOSED ADDITIONS AND ALTERATIONS (MINOR) TO EXISTING RESIDENCE AT 46 OLD MILL WAY. THE PROPOSED WORKS ARE MINOR - ADDITION OF A BRAAI AREA AND MINOR INTERNAL CHANGES - THE MAJORITY OF THE WORK IS PROPOSED TO THE EXISTING OUTBUILDING THAT HAS LITTLE ARCHITECTURAL VALUE AND IS HIDDEN FROM PUBLIC VIEW.

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

MINOR ALTERATIONS INTERNALLY TO THE EXISTING MAIN HOUSE. PROPOSED BRAAI AND KOI POND TO VERANDAH OF EXISTING HOUSE.
 ADDITIONS AND ALTERATIONS TO EXISTING OUTBUILDING - ADDITIONAL KITCHEN AND ROOM ADDED.


E. CONTACT DETAILS

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

NAME BRANDON BARNES	
POSTAL ADDRESS 46 OLD MILL WAY, DURBAN	
NORTH	POST CODE 4016

TEL 073 2350138	FAX/EMAIL
CELL	QUALIFICATIONS CONSTRUCTION MANAGEMENT
REGISTRATION OF INDUSTRY REGULATORY BODY: NHBC	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME WELLS MORRIS	
POSTAL ADDRESS PLUVER LANE, HOWICK,	
KWAZULU NATAL	POST CODE 3290
TEL	FAX/EMAIL
CELL 083 289 2176	SACAP REG. NO. 6336
Author's Drawing Nos. 04/2022 05/2022	
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 18 JULY 2022

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

NAME CATHERINE AND BRANDON BARNES	
POSTAL ADDRESS 46 OLD MILL WAY, DURBAN	
NORTH	POST CODE 4016
TEL 073 235 0138	FAX/EMAIL

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 JANE CATHERINE BARNES	
TEL 073 235 0138	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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