



## APPLICATION FORM A (STRUCTURES)

Ref: \_\_\_\_\_  
Date received \_\_\_\_\_  
Application No \_\_\_\_\_  
Application approved \_\_\_ not approved \_\_\_  
Date of permit/notification \_\_\_\_\_  
Permit No \_\_\_\_\_

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

### 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

**ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa 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)**

### A. DECLARATION BY OWNER

I, ROD CHOROMANSKI

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

Signature 

Place MORNING SIDE

Date 02/11/2015

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)**

### B. PROPERTY DESCRIPTION:

1. Name of property: THE BEERHALL Title Deed No. \_\_\_\_\_

2. Erf/Lot/Farm No: 11338

Street Address: 102 FLORENCE NZAMA STREET

Local Municipality DURBAN

District Municipality \_\_\_\_\_

3. Current zoning GENERAL BUSINESS (CENTRAL) Present use DURBAN ART GALLERY & LOCAL HISTORY MUSEUM 1 STORAGE & PUBLIC EVENTS.

**C. SIGNIFICANCE:**

1. Original date of construction 1914
2. Historical Significance: PLEASE SEE ATTACHED HERITAGE REPORT TITLED: '102 FLORENCE NZAMA ST. AMAFA REPORT'

References \_\_\_\_\_

3. Architectural Significance: PLEASE SEE ATTACHED HERITAGE REPORT TITLED: '102 FLORENCE NZAMA ST. AMAFA REPORT.'

References \_\_\_\_\_

4. Urban Setting & Adjoining Properties: PLEASE SEE ATTACHED HERITAGE REPORT TITLED: '102 FLORENCE NZAMA ST. AMAFA REPORT.'

**D. PROPOSED WORK**

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

**DEMOLITION**

CONDITION		HEALTH REASONS		OTHER	
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**ALTERATION**

CONDITION	<input checked="" type="checkbox"/>	MAINTENANCE	<input checked="" type="checkbox"/>	OTHER	
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**ADDITION**

EXTENSION		CHANGED USE		OTHER	
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

THE GALLERY BUILDING OF THE BEERHALL COMPLEX IS CURRENTLY INCOMPLETE INTERNALLY AND THE ENVIRONMENT IS NOT SUITABLE FOR A GALLERY ENVIRONMENT OR FOR PUBLIC USE. THE PROPOSED RENOVATIONS ARE TO RESTORE THE BUILDING TO ITS ORIGINAL CONDITION WHILE REPAIRING AND UPGRADING THE NECESSARY FACILITIES TO CREATE AND ESTABLISH THE BUILDING AS A QUALITY GALLERY SPACE.

\* PLEASE SEE DOCUMENT TITLED 'APPENDIX A' FOR FURTHER INFORMATION.

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

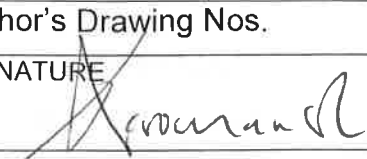
PLEASE DOCUMENT TITLED 'APPENDIX A'

**E. CONTACT DETAILS**

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

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

**2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

NAME <b>CHOROMANSKI ARCHITECTS</b>	
POSTAL ADDRESS <b>P.O. Box 201864, DURBAN NORTH</b>	
	POST CODE <b>4016</b>
TEL <b>+27 31 303 2985</b>	FAX <b>+27 31 303 2918</b>
CELL <b>082 4666 504</b>	SACAP REG. NO. <b>5205</b>
Author's Drawing Nos.	
SIGNATURE 	DATE <b>02/11/2015</b>

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

NAME <b>Ron CHOROMANSKI</b>	
POSTAL ADDRESS <b>P.O. Box 201864, DURBAN NORTH</b>	
	POST CODE <b>4016</b>
TEL <b>+27 31 303 2985</b>	FAX <b>+27 31 303 2918</b>

**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 <b>ROD CHOROMANSKI</b>	
TEL <b>+27 31 303 2985</b>	FAX <b>+27 31 303 2918</b>

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

The submission fee is payable to **Amafa 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 **AMAF A KWAZULU-NATALI**  
**Account No. 40-5935-6024**  
**NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office**

**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** **YES NO**

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION		
PHOTOGRAPHS		
ORIGINAL DRAWINGS		
PLANS (X2 SETS) - NUMBERED AND COLOURED		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION		
PAYMENT/PROOF OF PAYMENT		