



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-NATALI 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, SANET GERBER (MAGEBA PROJECTS CC)

(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 DURBAN 08/08/2012 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: N/A Title Deed No. T 0210 30/08

2. Erf/Lot/Farm No: ERF 2020

Street Address: 52 BALMORAL DRIVE, DURBAN NORTH, 4016

Local Municipality ETHEKWINI MUNICIPALITY

District Municipality ETHEKWINI MUNICIPALITY

3. Current zoning SPECIAL ZONE No 109 Present use OFFICE
RESIDENTIAL OFFICE
CONSERVATION

C. SIGNIFICANCE: SEE ATTACHED DOCUMENT

1. Original date of construction _____

2. Historical Significance: _____

References _____

3. Architectural Significance: _____

References _____

4. Urban Setting & Adjoining Properties: _____

D. PROPOSED WORK

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

DEMOLITION

CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>
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ALTERATION

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

EXTENSION	<input type="checkbox"/>	CHANGED USE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

SEE ATTACHED DOCUMENT

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

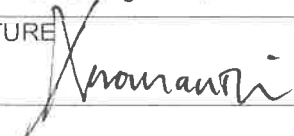
SEE ATTACHED DOCUMENT

E. CONTACT DETAILS

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

NAME **MAGEBA PROJECTS CC**
POSTAL ADDRESS **52 BALMORAL DRIVE**
DURBAN NORTH | POST CODE
TEL **031-5636974** | FAX **031-5636975**
CELL **079508 8889** | QUALIFICATIONS **CIDB 7GB PE**
REGISTRATION OF INDUSTRY REGULATORY BODY: **CIDB**

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME CHCROWANSKI ARCHITECTS	
POSTAL ADDRESS P.O. BOX 201864 DURBAN NORTH	
POST CODE 4016	
TEL 031 303 2985	FAX 031 303 2918
CELL 082 466 6504	SACAP REG. NO. 5205
Author's Drawing Nos.	
SIGNATURE 	DATE 08/08/12

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

NAME MAGEBA PROJECTS CC (SANET GERBER SOLE MEMBER)	
POSTAL ADDRESS 352 BAUMORAI DRIVE DURBAN NORTH	
POST CODE	
TEL 031-563 6974	FAX 031-563 6975

* 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

F. SUBMISSION FEE: R500.00 (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
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		✓