

## APPLICATION FORM A (STRUCTURES)

Ref:
Date received
Application No not approved not
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. DECLARA	TION BY OWNER
1. 	E FAMILY TRUST.
	er/person authorized to sign) undertake strictly to observe the terms, conditions, and directions under which Amafa aKwaZulu-Natali may issue the permit to me.
Place	Date Date
	y plans or other documents submitted in support of this application)  Y DESCRIPTION:
1. Name of property:	Title Deed No. 7 138 76 / 1991
2. Erf/Lot/Farm No:	PORTION Z & ER 835 SEA VIEW
Street Address:	Title Deed No. T 12876/1991 POZTION Z & ÉZF 835 SEA VIEW MG ROLAND CHAPMAN DRIVE, MONICEAIR
Local Municipality _	Dulban
District Municipality	RESIDENTIAL Present use RESIDENTIAL

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QUALIFICATIONS

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REGISTRATION OF INDUSTRY REGULATORY BODY:

2.	ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER
NAME	M. BACKLER

NAME M. BACKLEZ.		****A 6	
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SIGNATURE	DATE		
·	11.3.2014		
3- OWNER OF PROPERTY (Owner or delega	ated person to sign on the front of thi	s form)	
NAME CAZEE FAMIL	7 TRUST		
POSTAL ADDRESS ST WINGA	TE ROAL		
MONTCHAIR	7 TRUST FAX POST CODE A	~ S.3	
2002			
4. DELEGATED AUTHORITY (The name of	of the person authorized to act	on behalf	of a
NAME 2 2 2	or or authorization to be attached)		
0 4061,	FAX		
TEL 08 651 2882.	FAX		
The submission fee is payable to Amafa aKwa banking prior to the processing of this application. Banking details in case of direct deposits:  ABSA BANK: Branch: ULUNDI Bank Code: 6 Account in the name of AMAFA AKWAZULU-NATACCOUNT No. 40-5935-6024  NB: Proof of payment to be forwarded (faxed, positive part of the payment	30330 FALI	leposit/inte	rnet
G. PUBLIC PARTICIPATION: (Contact detwritten opinion to be attached to form and drawings Name	tails of Interested and Affected Part to be signed by I & A P. See Guide	lines)	Ited -
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