



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, CAZEE FAMILY TRUST

(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 [Signature]

Place DURBAN

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: _____ Title Deed No. T 13876/1991

2. Erf/Lot/Farm No: PORTION 2 of ERF 835 SEA VIEW

Street Address: 46 ROLAND CAAPMAN DRIVE, MONTICLAIR

Local Municipality DURBAN

District Municipality ETHEKWINI

3. Current zoning RESIDENTIAL Present use RESIDENTIAL

C. SIGNIFICANCE:

1. Original date of construction ± 1939

2. Historical Significance: _____

NONE

References _____

3. Architectural Significance: _____

NONE

References _____

4. Urban Setting & Adjoining Properties: _____

RESIDENTIAL. A BLOCK OF FLATS ON THE RIGHT HAND SIDE, A DWELLING HOUSE CONVERTED FOR BUSINESS PURPOSES & A PETROL FILLING STATION ON THE LEFTHAND SIDE. OPPOSITE ARE DWELLINGS, SOME OF WHICH HAVE BEEN CONVERTED FOR BUSINESS PURPOSES

D. PROPOSED WORK

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

DEMOLITION

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

APPLICATION IS HEREBY MADE FOR A DEMOLITION PERMIT.
 THE PROPERTY IS IN THE PROCESS OF BEING REZONED TO SPECIAL SHOPPING APPLICATION NO REZ 007 03 2014.
 THE EXISTING WOOD & IRON DWELLING & OUT BUILDINGS ARE IN A DERAPIDATED CONDITION IT WOULD APPEAR THAT THEY HAVE NOT BEEN MAINTAINED FOR MANY YEARS

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


THE PROPOSED DEVELOPMENT WILL BE 2 FAST FOOD OUTLETS ON THE GROUND FLOOR & A 2 BEDROOMED FLATS ON THE 1ST FLOOR.
 THIS DEVELOPMENT IS IN LINE WITH THE LONGTERM OBJECTIVES OF THE ETHERINGTON MUNICIPALITY TO INCREASE THE HOUSING DENSITY ALONG THE SOUTH BOUND RAILWAY LINE.

E. CONTACT DETAILS

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

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <i>M. BACKLER</i>	
POSTAL ADDRESS <i>607 LIGHTHOUSE ROAD</i>	
<i>BLUFF</i>	POST CODE <i>4052</i>
TEL <i>031 466 4650</i>	FAX <i>030 716 9915</i>
CELL <i>084 513 8011</i>	SACAP REG. NO. <i>SAT 0709</i>
Author's Drawing Nos. <i>2069-14 SHEETS 1a2</i>	
SIGNATURE 	DATE <i>11.3.2014</i>

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

NAME <i>CAZEE FAMILY TRUST</i>	
POSTAL ADDRESS <i>57 WINGATE ROAD</i>	
<i>MONTECLAIR</i>	POST CODE <i>4052</i>
TEL <i>031-651-2882</i>	FAX —

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 <i>B Gobi</i>	
TEL <i>08 651 2882</i>	FAX

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 **AMAFA AKWAZULU-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	✓	