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, C. S. & P. NAIDOO

(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 Date 30/1/2013

(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. _____

2. Erf/Lot/Farm No: PORTION 3 OF ERF 876 SEA VIEW

Street Address: 160 ANKENO ROAD

Local Municipality DURBAN

District Municipality ETHEKWINI

3. Current zoning SR. 900 Present use RESIDENTIAL

C. SIGNIFICANCE:

1. Original date of construction 2. 4. 1943

2. **Historical Significance:**

NONE.

References

3. **Architectural Significance:**

NONE.

References

4. **Urban Setting & Adjoining Properties:**

SUBURBAN RESIDENTIAL PROPERTIES

D. PROPOSED WORK

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

DEMOLITION

CONDITION	✓	HEALTH REASONS		OTHER	

ALTERATION

CONDITION		MAINTENANCE		OTHER	

ADDITION

EXTENSION	✓	CHANGED USE		OTHER	

2. **Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)**

THE PRESENT OUT BUILDINGS HAVE DETERIORATED TO THE POINT THAT IT IS NOT VIABLE TO REPAIR.

THE EXISTING DWELLING IS A SMALL 2 BEDROOMED DWELLING THAT NO LONGER MEETS THE NEEDS OF THE OWNER. THE PROPOSED ALTERATIONS & ADDITIONS ARE TO MEET THESE NEEDS.

AS THE PRESENT BUILDING EXHIBITS NO NOTEABLE ARCHITECTURAL FEATURES, EXEMPTION FROM FUTURE PERMIT APPLICATIONS IS REQUESTED

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

CONSTRUCTION OF A NEW TRIPLE GARAGE AND INTERNAL ALTERATIONS TO MAIN DWELLING

DEMOLITION OF EXISTING OUTBUILDING AND THE CONSTRUCTION OF AN ANCILLARY DWELLING UNIT AND ENTERTAINMENT AREA.

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	PLANS 4 PROJECTS (M BACKLER)		
POSTAL ADDRESS	607 LIGHTHOUSE ROAD		
	BLUFF	POST CODE	4052
TEL	031 466 4480	FAX	086 716 9915
CELL	084 513 8079	SACAP REG. NO.	ST 0769
Author's Drawing Nos.	2052-13	PAGES 1-3	
SIGNATURE		DATE	

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

NAME	C.S & P. HAIDOO		
POSTAL ADDRESS	104 HALENO ROAD		
	MONTCLAIR	POST CODE	4094
TEL	031 462-4355	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	M. BACKLER		
TEL	031 466 4480	FAX	086 716 9915

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	✓	