

B. PROPERTY DESCRIPTION (provide all cadastral information pertaining to the site):	
Name of property: 272 Z.K MATTHEWS ROAD Title Deed No.: T1841919	ERF/Lot/Farm No.: 5789 Size: 855 M ² GPS Co-ordinates: 29.875622 30.985611
Street Address 272 Z.K MATTHEWS ROAD Suburb: GLENNWOOD	Town/Local Municipality: GLENNWOOD
District Municipality: GLENNWOOD	Current zoning: RESIDENTIAL
Present use: RESIDENTIAL	ERF/Lot/Farm No.: 5789

A. DECLARATION BY OWNER (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)

I, PHYLIS MARLENE BOSKUS (full names of owner/person authorized to sign)

undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the KWAZULU-NATAL AMFA AND RESEARCH INSTITUTE may issue the permit to me.

Signature: [Signature]

Place: Durban

Date: 04/07/2022

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMFA AND RESEARCH INSTITUTE, via email to beam@amafamb.co.za (hard copy applications cannot be accepted during the COVID-19 pandemic)



REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED

Application Form H must be used for alteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). Form H(a) must be used for applications for alterations to memorials/statuses. If work has commenced/being completed without a permit, Form I must be used.

APPLICATION IN TERMS OF SECTION 37(1)(a) OF THE KWAZULU-NATAL AMFA AND RESEARCH INSTITUTE ACT (5/2018), FOR A PERMIT TO DEMOLISH, ALTER OR ADD TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

	
	
Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION FORM A (for Official Use)

ADDITION		NONE	
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input checked="" type="checkbox"/>
ALTERATION		NONE	
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input checked="" type="checkbox"/>
DEMOLITION		NONE	
CONDITION	<input checked="" type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>
		OTHER	

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

D. PROPOSED WORK

References
4. Urban Setting & Adjoining Properties:
USE

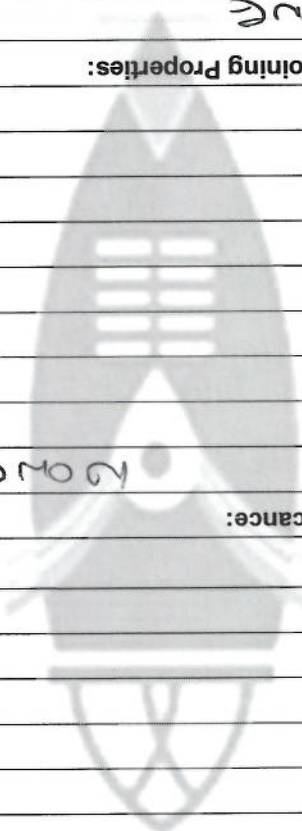
References
3. Architectural Significance:
NONE

References
2. Historical Significance:
NONE
1. Original date of construction/plan approval:
18/10/1940

C. SIGNIFICANCE:

AMMAFA

KWAZULU-NATAL



POSTAL ADDRESS	
NAME	KUMAR U/A
POST CODE	

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

E. CONTACT DETAILS

- ① Replacing existing timber windows with aluminum type
- ② Replacing suspended timber floor with a concrete surface bed finished with floor
- ③ Construct a new driveway

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

The attached picture are current aesthetics of the existing house. This house has been through many changes over the past few years but done before the building was 60 years old. Hence a) No AMTA intervention was needed. b) Original design no longer exists. Request - The building is in Glenwood, an area infested with borers. As a result the suspended timber floor is decayed to an extent that it poses an occupant's health risk. The existing timber windows are also borer infested & decayed beyond repair. Refer bottom pages contained

2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

CONDITION	HEALTH REASONS	OTHER
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APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	
H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines)	YES NO

Name _____ Telephone _____ Fax/Email _____

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)

F. SUBMISSION FEE: R800.00 (subject to annual increment on the 1 April)

The submission fee is payable to the KwaZulu-Natal Amata And Research Institute by bank deposit/Internet banking (EFT) and proof of payment must be submitted with the application.

ACCOUNT DETAILS:
 ABSA BANK: Branch: ULUNDI Bank Code: 630330
 Account in the name of the KZN Amata and Research Institute
 Account No. 40-5935-6024
 USE STREET ADDRESS/FARM NAME AS REFERENCE

NAME	TEL
	FAX/EMAIL

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)

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

NAME	PHYLIS MARGARET JENKINS
POSTAL ADDRESS	
POST CODE	
TEL	072141968
FAX/EMAIL	alvina.willies@harcourts.co.za

In making this application on behalf of the applicant, I declare that I have provided the correct information to the best of my knowledge and I undertake to ensure that the applicant is made aware of all conditions under which a permit may be issued.

Author's Drawing Nos.	
CELL	SACAP REG. NO.
TEL	FAX/EMAIL
POSTAL ADDRESS	POST CODE
NAME	n/a
	DATE

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

REGISTRATION OF INDUSTRY REGULATORY BODY:	
CELL	QUALIFICATIONS
TEL	FAX/EMAIL

RESEARCH INSTITUTE
AMARA
KUALA LUMPUR - MALAYSIA

we humbly request your approval in this regard
Conclusion:-

- (a) replace suspended timber floor with a concrete surface bed finished with floor tiles
 - (b) replace the existing timber windows with aluminium type
 - (c) construct a new driveway
- * Contd from Pg 3 (2) Motivation.
We humbly seek your permission to

I have an offer to purchase subject to Amara approval - my seller is 83 years hence I am assisting in email all Amara docs to you (my offer to purchase attached)

MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	N/A	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	N/A	
PROOF OF PUBLIC PARTICIPATION*	N/A	
PAYMENT/PROOF OF PAYMENT (use street address as reference)		