



**APPLICATION FORM A** (for Official Use)

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

**APPLICATION IN TERMS OF SECTION 37(1)(a) OF THE KWAZULU-NATAL AMAFA 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**

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/statues. If work has commenced/been completed without a permit, Form I must be used.

**NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)**

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

**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 **Mr S. N CHETTY** duly authorized representative of **THE SIVA CHETTY FAMILY TRUST**. Registration No: **IT 220/95** (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 AMAFA AND RESEARCH INSTITUTE may issue the permit to me.

Signature \_\_\_\_\_

Place: PMB Date: 10/07/23

**B. PROPERTY DESCRIPTION** (provide all cadastral information pertaining to the site):

Name of property: <b>476 Langalibalele Street</b>		Title Deed No.: <b>T10357/95</b>
Erf/Lot/Farm No: <b>Sub 8 (of 7) of Lot 2637 Pmb</b>	Size: <b>990m<sup>2</sup></b>	GPS Co-ordinates: <b>29°35'56.15"S 30°23'05.91"E</b>
Street Address: <b>476 Langalibalele Street, Pmb</b>		Suburb: <b>Pietermaritzburg</b>
Town/Local Municipality: <b>Msunduzi</b>		District Municipality: <b>Umgungundlovu</b>
Current zoning: <b>Core Mixed Use 1</b>		Present use: <b>Offices</b>

**C. SIGNIFICANCE:**

<b>1. Original date of construction/plan approval:</b> Unknown
<b>2. Historical Significance:</b> There is no historical significance related to this building.

<b>3. Architectural Significance:</b>
Single storey gable fronted cottage with verandah, corrugated iron roof, plastered brick walls, timber framed and sliding sash windows in bay on gable end.

<b>4. Urban Setting &amp; Adjoining Properties:</b>
The adjoining property on the left is a double storey building with plastered brick walls, french windows & a dutch heap roof and is currently used as a place of worship. The building on the right hand side is a double storey, plastered brick walls, aluminum windows, gable/heap roofs, the building is currently used by government as offices (department of labour). The properties opposite are single storey buildings, face brick, alluminim shop front windows and are being used as a funeral parlor, driving school & fitment centre.

**D. PROPOSED WORK**

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

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

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

The existing building was used as an office for the owner who is a lawyer. He relocated his offices and would like to maximize the property as it is in the central town area. The surrounding properties are mainly being used as offices & shops therefore the owner decided to maximize his building for that purpose. There is also a need for offices & shops in central town.

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

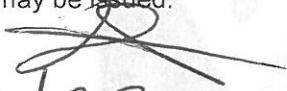
The owner intends to demolish the existing building. The new building comprises of a double storey building, plaster & face brick with aluminum windows & doors and sheeting as roof covering. The ground floor will comprise of shops & undercover parking. The first floor will be for offices. The building will be of a modern style.

**E. CONTACT DETAILS**

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

NAME: NOT KNOWN AT PRESENT	
POSTAL ADDRESS:	
	POST CODE:
TEL:	FAX/EMAIL:
CELL	QUALIFICATIONS:
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. **ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

NAME: Logan Pillay	
POSTAL ADDRESS: 72 Bangalore Road, Northdale, Pmb	
	POST CODE: 3201
TEL: 033 387 7799	FAX/EMAIL: loganparchitect@gmail.com
CELL: 083 670 1165	SACAP REG. NO.: T0829
Author's Drawing Nos.	
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.	
SIGNATURE 	
DATE	10/07/23

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

NAME: Siva Chetty Family Trust	
POSTAL ADDRESS:	
	POST CODE:
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)

NAME: LOGAN PILLAY	
TEL: 083 670 1165	FAX/EMAIL: loganparchitect@gmail.com

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

The submission fee is payable to the KwaZulu-Natal Amafa 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 Amafa and Research Institute**  
**Account No. 40-5935-6024**  
USE STREET ADDRESS/FARM NAME AS REFERENCE

**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: See Annexures \_\_\_\_\_

Telephone \_\_\_\_\_ Fax/Email \_\_\_\_\_

**H. CHECKLIST OF SUPPORTING DOCUMENTATION** (\*ref to guidelines) **YES NO**

	YES	NO
MOTIVATION	●	
PHOTOGRAPHS*	●	
ORIGINAL DRAWINGS	●	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	●	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	●	
PROOF OF PUBLIC PARTICIPATION*	●	
PAYMENT/PROOF OF PAYMENT (use street address as reference)	●	
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	●	