

## 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
T.A. OOSHALIZEN
(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 X
Place Filleres. 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:
Name of property: Title Deed No
2. Erf/Lot/Farm No: PTN . 811 (OF400) OF THE PARM WATERFALL No.
Street Address: 10 CURRIE PLACE.
WATER FALL KZN
Ocal Municipality ETHEKWINI MUNICIPALITY (OUTER WEST)
Current zoning Present use PBSIDBHTIAL

## NEIGHBOURS CONSENT by hand

1	of faddress)  Lu Cury Mace, Waterfall, Duban  Ph. OR 3 UR 770 8  have had sight of the proposal and have no objection to the proposed Alleration/Demolition	
3	have had sight of the proposal and have no objection to the proposed Albration/Demolition of the buildings on Erf/lot.	
	Signed at Woderfall on 9 day of November 2012 (signature)	
Г		
	of (address)	
and the factor of the control of the	have had sight of the proposal and have no objection to the proposed Alteration/Demolition of the buildings on Erf/lot, being	
and the same of the same of the same	Signed at	-
	(signature)	-
	I	
	have had sight of the proposal and have no objection to the proposed Alteration/Demolition of the buildings on Erf/lot	
	Signed at	Annual value of the Party of th
	(signature)	-
	I	
	of (address)  Ph: have had sight of the proposal and have no objection to the proposed Alteration/Demolition of the buildings on Erf/lot  being	The second secon
	Signed at	Comment of the second of the second
	(signature)	-

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

APPITION TO HOUSE BEGUH OH THE MOTE: WORK HAD ALREADY EXTENSION BEFORE JOHN MURPHY (P.S. ARCH. T. CALLED TO DRAW UP PLANS, WORK WAS IN FRONT ENTRANCE PORCH A BOOK THE SEE PHOTOS. PROTECTION.

- Detail the alterations/additions/restorations proposed (Briefly outline the proposal)
- EXTEND ENTRY PORTICO TO FRONT OF HOUSE WITH MATCHING METAL ENTRUSSES SUPPORTED ON BRICK COLUMNS WITH FRONT, BETWEEN
  - WHICH OLD. OWNERS, MOW TOWH
  - DOUBLE TANDEM GARA

- CONTACT DETAILS E.
- CONTRACTOR (the person who will do the work)

<ol> <li>CONTRACTOR (the person who will do</li> </ol>	the work)
NAME BRIAN HARVEY	
POSTAL ADDRESS	POST CODE
TEL	FAX
CELL - 0.2 70/11/031	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY	( BODY:

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER		
NAME JOHN MURPHY ( ITL MURPHY)		
POSTAL ADDRESS 14 MARULA WAY		
GLEN ANIL POST CODE LIC	51	
TEL 031 5724719 FAX		
	90	
Author's Drawing Nos.		
SIGNATURE DATE 15/12/2012.		
OWNER OF PROPERTY (Owner or delegated person to sign on the front of the state	is form)	
NAME PIERRE ALLEH COSTHUIZEH		
POSTAL ADDRESS 10 CURRY PLACE	c 100	
WATERFALL POST CODE 3		
TELO31-7621519 FAX 0865926657		05.0
4. DELEGATED AUTHORITY (The name of the person authorized to act company or institution – Power or Attorney/proof of authorization to be attached	on penan )	01 a
NAME		
TEL FAX		
The submission fee is payable to Amafa aKwaZulu-Natali by cheque or bank 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 Pa written opinion to be attached to form and drawings to be signed by I & A P. See Guid Name	rties Cons delines)	ulted
H. CHECKLIST OF SUPPORTING DOCUMENTATION	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION	V	
PHOTOGRAPHS	V	
ORIGINAL DRAWINGS MONE AVAILABLE		
PLANS (X2 SETS) - NUMBERED AND COLOURED	1	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	~	
PROOF OF PUBLIC PARTICIPATION		
DAYMENT/DBOOK OF BAYMENT		