



KWAZULU-NATAL  
**AMAFA**  
& RESEARCH INSTITUTE

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

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

**APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR THE CONDONATION/ APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both generally and specially protected heritage resources).**

This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za).

**NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (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, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED, THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION.**

**A. DECLARATION BY OWNER**

I, Nicolas Costa Sofilas

(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 written approval of the work to me.

Signature

Place

DURBAN

Date

29 / 9 / 2022

(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:**

Title Deed No.

Name of property/Project title:

Erf/Lot/Farm No:

Erf 910, Durban

GPS Co-ordinates

-29° 50' 01" S 31° 01' 00"

Street Address, Suburb, Town:

153 Florida Road.

Local Municipality

eThekweni Municipality

District Municipality

eThekweni

Traditional Authority Area

—

|  |                                   |
|--|-----------------------------------|
| Current zoning<br><b>Special Zone (Florida Road)</b> | Present use<br><b>Restaurant.</b> |
|--|-----------------------------------|

**C. HERITAGE SIGNIFICANCE:** (complete sections appropriate to site)

**1. Status of Heritage Resources on the Site:**

|                                      |                                     |   |                                    |  |  |  |   |   |
|--------------------------------------|-------------------------------------|---|------------------------------------|--|--|--|---|---|
| Permanent Protection:                | Heritage Landmark/<br>Provincial HL |   | Listed on<br>the Heritage Register |  | Provisionally Protected (notice issued)        |  | Site in a Protected Area                        | X |
| Generally Protected site containing: | Structures 60 years +               | X | Graves                             |  | Archaeological site<br>Battlefield or rock art |  | Palaeontological material<br>Meteor impact site |   |

**2. Historical/Military Significance:**

- None -

References

**3. Architectural Significance:** Original date of construction:

Significance:

- See Report -

References

**4. Archaeological Significance:**

- None -

References

**5. Palaeontological Significance:**

- None -

References

**D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL**

|                            |                               |                             |                       |   |
|----------------------------|-------------------------------|-----------------------------|-----------------------|---|
| 1. Purpose of Application: | Damage/destruction/demolition |                             | Alterations/Additions | X |
| Redecoration               | X                             | Disfigured Written/drawn on | Excavation            |   |



|                                       |  |                                 |  |                                    |   |
|---------------------------------------|--|---------------------------------|--|------------------------------------|---|
| Exhumation                            |  | Inundation                      |  | Development                        | X |
| Collection/Removal from original site |  | Trade/export (heritage objects) |  | Restricted use of equipment s40(5) |   |
| Consolidation/Subdivision             |  | Amendment of Plan               |  | Other                              |   |

**2. Existing Improvements made on site:**

- See Report -

**3. Detail the work commenced/carried out**

- See Report -

**4. Motivation for work** (Please motivate fully why work was commenced without approval)

- See Report.-

|                |           |  |              |  |                 |   |
|----------------|-----------|--|--------------|--|-----------------|---|
| Status of work | Commenced |  | Stopped      |  | Completed       | X |
| Date commenced |           |  | Date stopped |  | Completion date |   |

**E. CONTACT DETAILS**

**1. CONTRACTOR** (the person who has done or who will complete the work)

|                |
|----------------|
| NAME           |
| POSTAL ADDRESS |

|   |                |           |
|---|----------------|-----------|
|   |                | POST CODE |
| TEL <del>NA</del>                         | FAX/EMAIL      |           |
| CELL                                      | QUALIFICATIONS |           |
| REGISTRATION OF INDUSTRY REGULATORY BODY: |                |           |

## 2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

|   |   |
|---|---|
| NAME <u>Frank Reitz</u>                         |   |
| POSTAL ADDRESS <u>652 Musgrave Road, Durban</u> |   |
|   | POST CODE <u>4001</u>                     |
| TEL <u>-</u>                                    | FAX/EMAIL <u>-</u>                        |
| CELL <u>0718426757</u>                          | PROFESSIONAL REG. NO. <u>P.Arch 20704</u> |
| Author's Drawing Nos.                           |   |
| SIGNATURE <u>[Signature]</u>                    | DATE                                      |

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

|   |                                      |
|---|--------------------------------------|
| NAME <u>Nicolas Costa Sofilas</u>       |                                      |
| POSTAL ADDRESS <u>652 MUSGRAVE ROAD</u> |                                      |
|   | POST CODE                            |
| TEL <u>083 777 2930</u>                 | FAX/EMAIL <u>Nico@vaccamatta.com</u> |

## 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              |           |
| TEL <del>NA</del> | FAX/EMAIL |

## F. SUBMISSION FEE: R4000.00 (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.

USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE

### 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**

## 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/Email \_\_\_\_\_

## H. CHECKLIST OF SUPPORTING DOCUMENTATION (\*see guidelines)

|   |  |
|---|--|
| APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT) |  |
| MOTIVATION/INCEPTION REPORT                                 |  |
| PHOTOGRAPHS*  |  |
| ORIGINAL/PREVIOUS DRAWINGS/REPORTS                          |  |

|   |  |                |  |
|---|--|----------------|--|
| PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*    |  |                |  |
| 1:50 000 MAP & SATELLITE AERIAL VIEW                                  |  | KML FILE MAP   |  |
| PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card) |  |                |  |
| APPOINTMENT LETTERS   |  | CONSENT LETTER |  |
| PAYMENT/PROOF OF PAYMENT  |  |                |  |



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