



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.

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, CARL HENNIE ROUX

(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 NORTH

Date 20/01/2023

(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. T 000015467/2002

Name of property/Project title:

207 ADELAIDE TAMBO DRIVE

Erf/Lot/Farm No:

PORTION 61 of ERF 3193

GPS Co-ordinates

Street Address, Suburb, Town:

207 ADELAIDE TAMBO DRIVE DURBAN NORTH

Local Municipality

eTHEKWINI

District Municipality eTHEKWINI MUNICIPALITY

Traditional Authority Area

| | |
|--|----------------------------|
| Current zoning SPECIAL RESIDENTIAL 1200 | Present use RESIDENTIAL |
|--|----------------------------|

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

1. Status of Heritage Resources on the Site:

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

2. Historical/Military Significance:

There is no Historical significance to this property.

References

3. Architectural Significance:

Original date of construction:

Significance:

There is no Architectural Significance to the architectural design of this House

References

4. Archaeological Significance:

There is no Archaeological significance to this property

References

5. Palaeontological Significance:

None

References

D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL

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

| | | | | | |
|---------------------------------------|--|---------------------------------|--|------------------------------------|--|
| Exhumation | | Inundation | | Development | |
| 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:

After this property was bought in 2002, the Owner made improvements to the house. These alterations are as per Plans approved by the Municipality in 2003 which we have attached with the application.

3. Detail the work commenced/carried out

Since the last approved Plans of 2003, the Owner built a swimming Pool with surround walls and fence, a Timber Deck and covered his existing open Patio and built a Braai. All these new additions are shown on the 'As Built' Plan attached to this application.

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

The above mentioned additions were done over the years and the Owner did not have plans drawn or approved for the work done.

He is now immigrating and has sold his property. Before the sale transfer can be finalized he needs to get 'As Built' Plans approved.

| | | | | | | |
|----------------|-----------|--|--------------|--|-----------------|------|
| Status of work | Commenced | | Stopped | | Completed | ✓ |
| Date commenced | | | Date stopped | | Completion date | 2015 |

E. CONTACT DETAILS

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

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

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

2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

| | |
|---|---|
| NAME JORGE NICOLAU from JBN DESIGN SERVICES | |
| POSTAL ADDRESS P.O.Box 2494 | |
| MOUNT EDGECOMBE | POST CODE 4302 |
| TEL | FAX/EMAIL |
| CELL 0832266044 | PROFESSIONAL REG. NO. PAD43018738 SACAP |
| Author's Drawing Nos. 23-407/01 | |
| SIGNATURE  | DATE 20/01/2023 |

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

| | |
|---|----------------------------------|
| NAME CARL HENNIE ROUX | |
| POSTAL ADDRESS 207 ADELAIDE TAMBO DRIVE | |
| DURBAN NORTH | POST CODE |
| TEL 031 5695631/5 | FAX/EMAIL carl@coronafoods.co.za |

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 | 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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