KWAZULU-NATAL

APPLICATION FORM A

AMAFA AND RESEARCH INSTITUTE



THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
D IIN	

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. Form I must be used if work has commenced/ been completed without a permit

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)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, 195 LANGALIBALELE STREET, PIETERMARITZBURG, 3201 OR BOX 2685 PIETERMARITZBURG 3200. Alternatively, email all documents to <u>beadmin@amafapmb.co.za</u>

A. DECLARATION BY OWNER

I, H.E.P. FAMILY TRUST

(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 DURBAN

Date 14/12/2021

(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: 18 BUTE RD	Title Deed No. T 20 37380
Erf/Lot/Farm No: ERF 248	GPS Co-ordinates:

Street Address:

18 BUTE RD MORNINGSIDE

Local Municipality	District Municipality
eThikwini Municipality	eThikwini
Current zoning	Present use
General Residential 2	Offices

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C. SIGNIFICANCE:

1.	Original date of construction	+/- 1935	
2.	Historical Significance:	We feel that there is no Historical relevance to this house.	
Т	This house was built in the mid thir	ties for residencial use.	
-	Through the years a number of sm	all alterations were done to accomodate the need of the	
C	Owners and to take care of building maintenance.		
Re	References		

3. Architectural Significance:

The design of this house is of no Specific Architectural Style and is in keeping with the architectural designs of homes of the time.

Some of the original facade design has been changed over the years.

References

4. Urban Setting & Adjoining Properties:

This house is situated in the heart of the Morningside suburb and it is surrounded with other residences built around the same time.

Many of the suttounding properties in this previously Residential Area have been renovated or demolished to make space for new buildings to accomodate businesses in the area.

Most of the surrounding properties on this road have been converted into business premises.

References

D. PROPOSED WORK

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

DEMOLITION			
CONDITION	HEALTH REASONS	OTHER	
ALTERATION			
CONDITION	HEALTH REASONS	OTHER	\checkmark
ADDITION		· · ·	
CONDITION	HEALTH REASONS	OTHER	\checkmark

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

This property is owned by a firm of Attorneys. They use these premises to opeate their

Law Practice. They employ a number of professionals and a staff compiment that keeps

growing. Thus there is a needd to expand their premises to accomodate the expansion.

For this reason, the Owners have appointed me to design Plans for the building that would add a First Storey to the property.

Due to the age of the building, I first communicated with Ms.Ros Devereux during the on line

assessment meetings and enquired how susceptible would Amafa be to the addition of a first

Storey. I was advised that a Design would be considered as long as the top floor was receded so as to leave the front facade unaltered.

For this reason, as per enclosed Plans, I have pushed back the first floor and created a

covered parking area under the suspended rear section of the first floor.

This design is for your consideration and we will be amicable to any changes suggested.

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

The proposed construction comprises of a small addition of 6sqm to the Ground Floor at the rear left side of the building and a First Floor with an area of 197sqm.

The First Floor, although virtually the same size as the Ground Floor, it has been recessed

towards the rear of the property not to change the existing facade of the building.

There will be minimal changes to the existing Ground Floor, and basically most of the new area will be added on to the First Floor.

The area of the rear parking will remain unchanged as a section of the first floor will be placed on columns above this space. Thus, part of the parking area will now be a covered space.

The Front pedestrian access entrance to the building will remain unchanged as well as the

rear parting area access entrance from Pitchard Lane.

E. CONTACT DETAILS

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

NAME		
POSTAL ADDRESS		
		POST CODE
TEL	FAX/EMAIL	
CELL	QUALIFICATIO	ONS
REGISTRATION OF INDUSTRY REGULATORY BODY:		

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME JORGE NICOLAU from JBN DESIGN SERVICES			
POSTAL ADDRES	^{SS} P. O. Box 2494		
	MOUNT EDGECOMBE		POST CODE 4302
TEL		FAX/EMAIL	
	266044	SACAP REG.	NO. PAD43018738
Author's Drawi	ng Nos. ₂₁ -361/01 & /02		
SIGNATURE	200	DATE	
		2	20/01/2022

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

NAME	H.E.P. FAMILY TRUST		
POSTAL	ADDRESS 18 BUTE RD.		
	WINDERMERE - DURBAN		POST CODE
TEL	0313062262	FAX/EMAIL yu	nus@hpiattorneys.co.za

DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a 4. company or institution - Power or Attorney/proof of authorization to be attached)

NAME	
TEL	FAX/EMAIL

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 AMAFA AKWAZULU-NATALI 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)

Ν	am	ne	_

Telephone ____

Fax

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines)	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	\checkmark	
MOTIVATION	\checkmark	
PHOTOGRAPHS*	\checkmark	
ORIGINAL DRAWINGS		
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	$\mathbf{\dot{\mathbf{v}}}$	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	\checkmark	