

ANNEXURE C

APPLICATION FOR A PALAEOLOGICAL PERMIT

TO DESTROY, DAMAGE, EXCAVATE, ALTER, DEFACE OR OTHERWISE DISTURB ANY PALAEOLOGICAL SITE,

OR

DESTROY, DAMAGE, EXCAVATE, REMOVE FROM ITS ORIGINAL POSITION, OR COLLECT ANY PALAEOLOGICAL MATERIAL OR OBJECT

OR

BRING ONTO OR USE AT A PALAEOLOGICAL SITE ANY EXCAVATION EQUIPMENT OR ANY EQUIPMENT THAT ASSISTS IN THE DETECTION OR RECOVERY OF PALAEOLOGICAL MATERIAL OR OBJECTS

PROTECTED IN TERMS OF SECTION 35(4) OF THE NATIONAL HERITAGE RESOURCES ACT (ACT 25 OF 1999)

FILL IN ALL SECTIONS RELATING TO YOUR APPLICATION

1. DETAILS OF PALAEOLOGICAL ACTIVITY OR RESEARCH PROJECT

1.1 Name of site or research / heritage project: PLIOMAX - Pliocene and younger marine terraces and shoreline deposits see: www.pliomax.org

1.2 Type of project (indicate by means of a cross in the appropriate space below). Supply a short description of the site on a separate sheet). For Quaternary projects (or projects at sites where hominid material might be located) detailed site-specific information is required.

EITHER:

- 1.3.1 Name of specific Palaeontological site
- 1.3.1.1 Period, era, age or date of site:
- 1.3.1.2 Stratigraphic and lithological context (supergroup, group, formation, etc):

OR

- 1.3.2 Regional project map and date Pliocene & younger shorelines
- 1.3.1.1 Period, era, age or date of strata involved: Pliocene, Quaternary, Holocene
- 1.3.1.2 Stratigraphic and lithological context (supergroup, group, formation, etc): Neogene coastal formations

OR

- 1.3.3 Other (specify)

1.4 Category of fossil material involved:

- 1.4.1 Invertebrates marine molluscs/invertebrates
- 1.4.2 Vertebrates
- 1.4.3 Plants
- 1.4.4 Microfossils
- 1.4.5 Trace fossils
- 1.4.6 Specific taxon (specify):
- 1.4.7 All fossil material within specified horizon
- 1.4.8 Other (specify): associated marine sediment

1.5 Region or locality for which the permit is required: Western Cape Province

1.6 Magisterial district(s) involved:

1.7 Does the area include a declared provincial heritage site or provisionally protected place? YES NO

If so, please attach a photocopy of the gazette notice or provide the following information:

1.7.1 Date of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette* (dd/mm/yy) (if known):

1.7.2 Number of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette* (if known):

1.7.3 Number of *Government Gazette* or *Provincial Gazette* (if known):

1.7.4 Date of publication of the *Government Gazette* or *Provincial Gazette* (dd/mm/yy) (if known):

If the application is for a specific site please supply the details in 1.8 to 1.10 below. If the application is for a regional project, note that the information listed below need not be given now, but MUST be supplied for each site in the permit report.

- 1.8 Site name:
- 1.9 Erf/Stand/Farm name and number:
- 1.10 Geographical coordinates of the site, place or structure (mark the position of the site on a copy of a 1:10 000 or 1:50 000 map and include this in your application):.....
- 1.10.1 Name and number of 1:50 000 (or larger scale) map:
- 1.10.2 Latitude and longitude (where possible supply decimal version):
- 1.10.3 Spatial Referencing System:
 - Global position Datum: Old Cape / WGS84 / Other (Please specify date of reading):
 - Trigonometry Date of map used:
 - Other Date of recording:.....

2. DETAILS OF THE APPLICANT

- 2.1 Name and Title: Dr. Paul J. Hearty, Ph.D
- 2.2 Address: Dept. Environmental Studies, Univ. North Carolina at Wilmington, WILMINGTON NC
- 2.3 Postal code: 28403 USA
- 2.4 Contact numbers:
 - 2.4.1 Home: Telephone area code: (910) Telephone number: (w) 910.962.7675 (h)
 - 2.4.2 Facsimile area code: (910) Facsimile number: 962.7634
 - 2.4.3 Cellular phone number: 910.632.3714
 - 2.4.4 E-mail: keistad.04@gmail.com
- 2.5 Qualifications and/or relevant experience of the applicant: 30 yr research, 100+ publications
- 2.6 Current academic status of the applicant: Associate Professor
- 2.7 Identity number / Passport number of the applicant: USA # 712 096 347
- 2.8 Declaration of applicant: I, Dr. Paul J. Hearty hereby declare that I undertaketo comply with the conditions and restrictions or directions under which Heritage Western Cape may issue the permit for which I am applying.
 Signature of applicant: _____ Date: 11 June 2012
- 2.9 Declaration of Research Supervisor if applicant is a research student: I, hereby declare that I will support this project and will assist the student to comply with the conditions and restrictions or directions under which Heritage Western Cape may issue the permit for which this student is applying.
 Signature of Research Supervisor: _____ Date:

3. NAME AND ADDRESS OF AUTHORISED REPRESENTATIVE(S) OF THE APPLICANT

- 3.1 Name and Title:
- 3.2 Address:
- 3.3 Postal code:
- 3.4 Contact Details:
 - 3.4.1 Telephone area code: (.....) Telephone number:
 - 3.4.2 Facsimile area code: (.....) Facsimile number:
 - 3.4.3 Cellular phone number:
 - 3.4.4 E-mail:
- 3.5 Identity number:.....
- 3.6 Qualifications and/or relevant experience of authorised representative/s:
- 3.7 Will the authorised representative/s undertake the actions under supervision of the applicant? Yes/No.
- 3.8 Declaration: I, hereby declare that I will undertake the actions under the supervision of the applicant.
 Signature: _____ Date:

4. DETAILS OF THE REGISTERED OWNER OF THE SITE (in the case of specific site applications) A letter from the owner giving the following details may be submitted

- 4.1 Name and Title:
- 4.2 Address:
- 4.3 Postal code:
- 4.4 Contact details:
- 4.4.1 Telephone area code: (.....) Telephone number:
- 4.4.2 Facsimile area code: (.....) Facsimile number:
- 4.4.3 Cellular phone number:
- 4.4.4 E-mail:
- 4.5 Identity number:
- 4.6 Declaration: I, am fully aware of this application and accept its contents.
Owner Signature: _____ Date:

5. PURPOSE OF THE APPLICATION (place a cross in the appropriate block(s) below)

- 5.1 Type of work/Nature of activity:
- 5.1.1 Destruction for the purpose of:
 - Analysis Dating Restoration Other
- 5.1.2 Damage for:
 - Analysis Dating Restoration Other
- 5.1.3 Excavation
- 5.1.4 Alteration
- 5.1.5 Defacement
- 5.1.6 Disturbance
- 5.1.7 Removal from its original position
- 5.1.8 Collection
- 5.1.9 Use of excavation equipment or any equipment that assists in the detection or recovery of fossils or palaeontological material or objects
(If relevant, provide a motivation for the use of mechanical excavation equipment or any equipment that assists in the detection or recovery of fossils or palaeontological material or objects.)
- 5.2 Period for which permit is requested (maximum three years)/ Proposed date of completion of activity:
From: 11 June 2012 To: 31 May 2015
- 5.3 Re-application for permit Date and number of previous permit: (dd/mm/yy)

6. DESCRIPTION OF AND MOTIVATION FOR THE ACTION PROPOSED
(Please provide a short description of the proposed action which must be supported by the documentation specified in 9 hereunder, as well as a full motivation for the proposed action, with reference to conservation policy and/or principles, where appropriate.)

attached →

7. DETAILS OF COLLABORATING INSTITUTION WHERE THE APPLICANT WILL BE BASED WHILE UNDERTAKING THE PROJECT NA

- 7.1 Name of the collaborating institution:
- 7.2 Name of Head of the collaborating institution:
- 7.3 Identity number of the Head of the collaborating institution:
- 7.4 Address:
- 7.5 Postal code:
- 7.6 Telephone area code: (.....) Telephone number:
- 7.7 Facsimile area code: (.....) Facsimile number:
- 7.8 Cellular phone number:
- 7.9 E-mail:
- 7.10 Declaration of the Head of the collaborating institution:
I, in my capacity as
of the hereby declare that the applicant will be based at
this institution while undertaking the project and that I support the application.

Signature of the Head of the collaborating institution: _____ Date: _____

8. **DETAILS OF THE COLLABORATING INSTITUTION WHERE MATERIALS AND RECORDS WILL BE STORED AND CURATED**

- 8.1 Name of the collaborating institution:
- 8.2 Name of Head of the collaborating institution:
- 8.3 Identity number of the Head of the collaborating institution:
- 8.4 Address:
- 8.5 Postal code:
- 8.6 Telephone area code: (.....) Telephone number:
- 8.7 Facsimile area code: (.....) Facsimile number:
- 8.8 Cellular phone number:
- 8.9 E-mail:
- 8.10 Declaration of the Head of the collaborating institution:

I,, in my capacity as of the hereby declare that the collaborating institution has an official written collections policy and undertakes to store and curate the material and records from this project, once completed.

Signature of Head of the collaborating institution: _____ Date:

9. **DOCUMENTATION TO ACCOMPANY THIS APPLICATION**

- 9.1 LOCALITY PLAN showing where the site is as well as a LOCALITY DESCRIPTION (required for applications for permits for specific sites – for other projects these plans and descriptions must be included in annual reports).
- 9.2 PROJECT DESCRIPTION AND MOTIVATION including relevant scientific background including plans for conservation of the site after the action.
- 9.3 VISUAL AIDS including photographs, videos of the site in its present form, where appropriate. Please provide captions and dates to all photographs.
- 9.4 Details and outcome of any PREVIOUS SUBMISSIONS made to any other authority (the former National Monuments Council (NMC), SAHRA, etc) in respect to this application.
- 9.5 ANY ADDITIONAL PERTINENT INFORMATION that you believe will assist Heritage Western Cape to consider your application. *See wiki site: www.pliomax.org*

10. **PLEASE NOTE**

- 10.1 Unless both the applicant and the head of the department / head of the institution which curates the material, sign the application form, and the registered owner either signs or supplies a letter approving the project, this form will not be processed by Heritage Western Cape.
- 10.2 Applications are considered to be public documents and are open to public scrutiny. Should you wish your application to be kept confidential, please motivate your request on a separate sheet.

When completed, please return this form to:

The Secretariat
Heritage Western Cape Permit Committee
Private Bag X9067
CAPE TOWN
8000

Telephone: 021 424-0410
Fax: 021 424-0457