

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME		A. J. MADSEN	
POSTAL ADDRESS		21 RICHMOND AVENUE	
		KLOOF	
TEL	031-7644912	FAX	N/A
CELL	082 873 0025	SACAP REG. NO.	BT 0601
Author's Drawing Nos.		1331	
SIGNATURE		DATE	
		JUNE 2013	

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

NAME		HEDLEY LYNTHURST YOUNG AND JESSICA LESLIE YOUNG	
POSTAL ADDRESS		13 BALMORAL DRIVE	
		DURBAN NORTH	
TEL	031 9105083/0820957340	FAX	-
		POST CODE	4051

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

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)

The submission fee is payable to Amafa aKwaZulu-Natali by cheque or bank deposit/internet 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 Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION		
PHOTOGRAPHS		
ORIGINAL DRAWINGS		
PLANS (X2 SETS) - NUMBERED AND COLOURED		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION		
PAYMENT/PROOF OF PAYMENT		