



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

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
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/statues. If work has commenced/been completed without a permit, Form I must be used.

**NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see 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, via email to [beadmin@amafapmb.co.za](mailto:beadmin@amafapmb.co.za) (hard copy applications cannot be accepted during the COVID-19 pandemic)**

**A. DECLARATION BY OWNER (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)**

I, MR. & MRS J.R & J. GUERIN (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 NORTH Date 06 APRIL 2023

**B. PROPERTY DESCRIPTION (provide all cadastral information pertaining to the site):**

Name of property:	Title Deed No.: <u>T 30421/94</u>
Erf/Lot/Farm No: <u>PORTION 440 of ERF 3193 DURBAN NORTH</u>	Size: <u>1052 m<sup>2</sup></u>
Street Address: <u>26 VICKERS PLACE</u>	GPS Co-ordinates: <u>S 29° 46' 1.704"</u> <u>E 31° 3' 27.52753"</u>
Town/Local Municipality: <u>ETHEKWINI CENTRAL</u>	Suburb: <u>DURBAN NORTH</u>
District Municipality: <u>ETHEKWINI</u>	District Municipality: <u>ETHEKWINI</u>
Current zoning: <u>SR 400</u>	Present use: <u>RESIDENTIAL</u>

**C. SIGNIFICANCE:**

1. Original date of construction/plan approval:	1959
2. Historical Significance:	
THE PROPERTY DOES NOT DISPLAY ANY CHARACTERISTICS OF SIGNIFICANCE IN HISTORICAL NATURE	
References	

3. Architectural Significance:	
ADDITIONS AND ALTERATIONS TO THE PROPERTY WERE CARRIED OUT ON A FEW OCCASIONS PRIOR TO THE PROPERTY BEING 60 YEARS.	
THE OUTBUILDING WAS ALSO EXTENDED AND A SWIMMING POOL WAS BUILT.	
References	

4. Urban Setting & Adjoining Properties:	
THE PROPERTY HAS RESIDENTIAL ADJOINING PROPERTIES, WHICH ARE SINGLE STOREY AND DOUBLE STOREY DWELLINGS.	
THE FRONT OF THE PROPERTY HAS A PARK/ PLAYGROUND.	
References	

**D. PROPOSED WORK**

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

<b>DEMOLITION</b>				
CONDITION		HEALTH REASONS		OTHER
<b>ALTERATION</b>				
CONDITION		HEALTH REASONS		OTHER
<b>ADDITION</b>				

CONDITION		HEALTH REASONS		OTHER	
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2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

THE EXISTING DWELLING IS 64 YEARS OLD AND HAS BEEN CHANGED A FEW TIMES. WE NOW REQUIRE A ADDITIONAL BEDROOM. IN ORDER TO RETAIN THE SHAPE AND APPEARANCE OF THE BUILDING, WE ARE PROPOSING THE ALTERATION ON THE INSIDE OF THE DWELLING. WE HAVE DECIDED TO CHANGE PART OF THE GARAGE INTO A BEDROOM AND EN-SUITE. THE EXISTING FREE STANDING CARPORT HAS RUSTED OVER THE YEARS AND IS PROPOSED TO BE REPLACED. OUR PROPOSAL DOES NOT IMPACT ON THE AESTHETICS OF THE BUILDING.

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

ADDITION AND ALTERATIONS TO DWELLING AND CARPORT. PART OF THE GARAGE IS BEING CHANGED TO A BEDROOM AND EN-SUITE. THE CARPORT IS BEING RE-BUILT, DUE TO THE ORIGINAL CARPORT HAS BEEN RUSTED OVER THE YEARS.

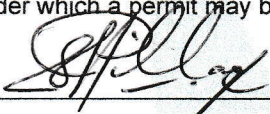
E. CONTACT DETAILS

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

NAME	
POSTAL ADDRESS	
	POST CODE

TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

**2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

NAME <b>G.S. PILLAY (MERVYN)</b>	
POSTAL ADDRESS <b>8 PORPOISE PLACE</b>	
<b>SEATIDES, TONGAAT</b>	POST CODE <b>4399</b>
TEL <b>032 9431703</b>	FAX/EMAIL <b>pillay.mervyn2@gmail.com</b>
CELL <b>082 809 8890</b>	SACAP REG. NO. <b>D0024</b>
Author's Drawing Nos. <b>05/23</b>	
In making this application on behalf of the applicant, I declare that I have provided the correct information to the best of my knowledge and I undertake to ensure that the applicant is made aware of all conditions under which a permit may be issued.	
SIGNATURE 	DATE <b>2023/04/06</b>

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

NAME <b>MR. &amp; MRS. J.R. &amp; J. GUERIN</b>	
POSTAL ADDRESS <b>26 VICKERS PLACE</b>	
<b>DURBAN NORTH</b>	POST CODE <b>4051</b>
TEL	FAX/EMAIL

**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: 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 the **KZN Amafa and Research Institute**  
**Account No. 40-5935-6024**  
**USE STREET ADDRESS/FARM NAME AS REFERENCE**

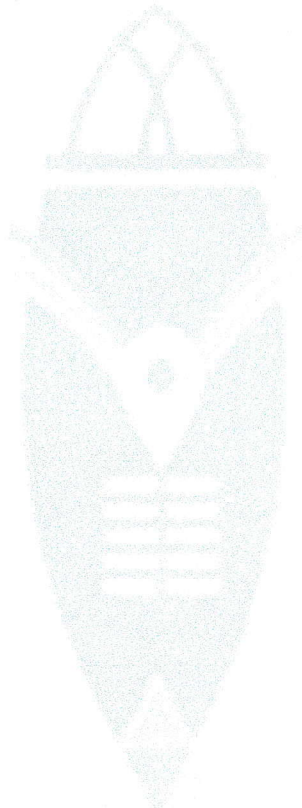
**G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)**

Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax/Email \_\_\_\_\_

**H. CHECKLIST OF SUPPORTING DOCUMENTATION (\*ref to guidelines) YES NO**

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS ( <del>X2 SETS when in hard copy</del> ) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT ( <u>use street address as reference</u> )	✓	



KWAZULU-NATAL  
**AMAFA**  
 A RESEARCH INSTITUTE