

APPLICATION FORM I

KWAZULU-NATAL

AMAFA AND RESEARCH INSTITUTE

THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY



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, Anand Naidoo

(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 [Handwritten Signature]
 Place Durban Date 20/03/2020

(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.
Name of property/Project title: <u>Erf 5246 of Durban</u>	
Erf/Lot/Farm No: <u>5246</u>	GPS Co-ordinates
Street Address: <u>23 Princess Alice Avenue</u>	
Local Municipality <u>eThekweni</u>	District Municipality Traditional Authority Area
Current zoning <u>Residential</u>	Present use <u>Residential</u>

2. Existing Improvements made on site: (as per original approved plans)
Master bedroom added, double garage, 4 additional bathrooms, downstairs study and gym, maids quarters.
All floors restored, new ceilings installed

3. Detail the work commenced/carried out (deviation from approved plan)
1). Kitchen extended by 1,5m onto balcony above garage.
2). Direction of stairs changed, windows added, toilet added under stairs
3). Minor changes to internal walls from original plan (aesthetics)
4). Roof extended to cover stairway (originally concrete roof) resulting in higher roof at rear (same pitch)
5). Dormer windows added to new roof.
6). En-suite bathroom added to Bedroom 4


4. Motivation for work (Please motivate fully why work was commenced without approval)						
Changes were made during construction to get the best use out of the space. I could not stop the construction work as the costs would have increased due to stoppage/standing time. The plans were prepared a few years ago and I never got round to resubmitting.						
Status of work	Commenced		Stopped		Completed	X
Date commenced	May 2010	May 2010	Date stopped		Completion date	August 2011

E. CONTACT DETAILS

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

NAME All shape roofing (roof), Building contractor has passed on in 2012.	
POSTAL ADDRESS	
POST CODE	
TEL 0314633356	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY: CK No 1998/11646/23	

2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

NAME KETAN BINDAPERSAD	
POSTAL ADDRESS 367 PETER MOKABA ROAD	
	POST CODE 4001
TEL 031 563 0922	FAX/EMAIL KETAN.BINDAPERSAD@TRANSNET
CELL 083 537 5842	PROFESSIONAL REG. NO. ST 0753
Author's Drawing Nos.	
SIGNATURE 	DATE 20 MARCH 2020

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

NAME Anand Naidoo	
POSTAL ADDRESS 23 Princess Alice Avenue	
Glenwood	POST CODE 4001
TEL 0837819890	FAX/EMAIL Anand.Naidoo@transnet.net

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 **AMAFA AKWAZULU-NATALI**
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 _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)	<input checked="" type="checkbox"/>
MOTIVATION/INCEPTION REPORT	<input checked="" type="checkbox"/>
PHOTOGRAPHS*	<input checked="" type="checkbox"/>
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	<input checked="" type="checkbox"/>
PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*	<input checked="" type="checkbox"/>
1:50 000 MAP & SATELLITE AERIAL VIEW	<input checked="" type="checkbox"/> KML FILE MAP
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	<input checked="" type="checkbox"/>
APPOINTMENT LETTERS	CONSENT LETTER
PAYMENT/PROOF OF PAYMENT	<input checked="" type="checkbox"/>