



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 (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, SESHEN GOVENDER (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 25.07.2023

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

Name of property: <u>N/A</u>	Title Deed No.: <u>T 17 41559</u>
Erf/Lot/Farm No: <u>ERF 1237 DURBAN NORTH</u>	Size: <u>1263m²</u>
Street Address <u>NO. 6 ADELAIDE TAMBO DRIVE</u>	GPS Co-ordinates: <u>-29.791666, 31.036961</u>
Town/Local Municipality: <u>ETHEKWINI MUNICIPALITY</u>	Suburb <u>DURBAN NORTH</u>
Current zoning: <u>SPECIAL RESIDENTIALA 900</u>	District Municipality: <u>N/A</u>
	Present use: <u>RESIDENTIAL</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval: 1945
2. Historical Significance:
THE HOUSE BEING BUILT IN 1945 HOLDS NO STRONG HISTORIC SIGNIFICANCE. IT HAS SINCE GONE THROUGH A NUMBER OF ADDITIONS & ALTERATIONS BUT STILL HOLD ITS ORIGINAL LOOK
References

3. Architectural Significance:
THIS HASNT BEEN ALTERED, DEVIATION SUBMITTED FOCUSES ON THE ANCILLARY UNIT BEING CONVERTED TO BE PART OF THE HOUSE AND THE ALTERATIONS ARE INTERNAL
References

4. Urban Setting & Adjoining Properties:
THE PROPERTY BEING SITUATED ON ADELAIDE TAMBO DRIVE IS NOT ONLY THE PROPERTY OLDER THAN 60 YEAR. MOST OF THE ADJACENT PROPERTIES ARE ALSO 60 AND ABOVE ARE BEING RENOVATED OR UPGRADED
References

D. PROPOSED WORK

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

DEMOLITION				
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER
ALTERATION				
CONDITION	<input checked="" type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER
ADDITION				
	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

NEW CARPORT, EXTENTION & CONVERSION OF EXISTING
ANCILLARY UNIT TO FORM PART OF THE MAIN HOUSE
A NUMBER OF GLAZED WINDOW CHANGED OR REPOSITIONED

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

AS ABOVE


E. CONTACT DETAILS

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

NAME	
POSTAL ADDRESS	N/A
	POST CODE

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME MARLON IYAVOO	
POSTAL ADDRESS SUITE 3, RYDALL VALE PARK, 3 RYDALL VALE CRESC	
LA LUCIA RIDGE	POST CODE 4019
TEL 031 566 1221	FAX/EMAIL N/A
CELL 082 485 6719	SACAP REG. NO. 6628
Author's Drawing Nos. 3.101, 3.102, 3.103, 3.104	
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 25.07.2023

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

NAME SESHEN GOVENDER	
POSTAL ADDRESS 6 ADELAIDE TAMBO DRIVE, DURBAN NORTH	
	POST CODE 4051
TEL 083 228 5899	FAX/EMAIL N/A

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	N/A 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 (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		✓
PROOF OF PUBLIC PARTICIPATION*		✓
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	



KWAZULU-NATAL
AMAFA

AMAZONIA