



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

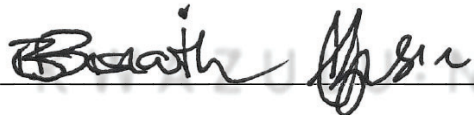
THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
 Application Form H must be used for alteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). Form H(a) must be used for applications 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, **BIS & A Bisnath** _____ (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: **30 August 2023** _____

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

Name of property: Not Applicable		Title Deed No.: T21/30642
Erf/Lot/Farm No: Erf 1182	Size: 1126sqm	GPS Co-ordinates:
Street Address: No. 34 St Andrews Drive		Suburb: Durban North
Town/Local Municipality: eThekwini Municipality		District Municipality: eThekwini
Current zoning: Special Residential 900		Present use: Residential

C. SIGNIFICANCE:

1. Original date of construction/plan approval: 1954
2. Historical Significance: Please see motivation
References

3. Architectural Significance: Please see motivation
References

4. Urban Setting & Adjoining Properties: Please see motivation
References

D. PROPOSED WORK

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

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

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

Please see motivation

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

Please see motivation



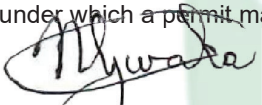
E. CONTACT DETAILS

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: Andile Gwala	
POSTAL ADDRESS: Suite 69, Union Main centre, 45 Josiah Gumede Road, Pinetown	
	POST CODE: 3600
TEL	FAX/EMAIL
CELL: 078 072 0909	SACAP REG. NO.: PAD 36399527
Author's Drawing Nos.	
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: 30 August 2023

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

NAME: BIS & A Bisnath	
POSTAL ADDRESS: No 34 St Andrews Drive, Durban North	
	POST CODE: 4019
TEL: 082 554 4784	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)	X	
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MOTIVATION	X	
PHOTOGRAPHS*	X	
ORIGINAL DRAWINGS	X	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	X	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	X	



KWAZULU-NATAL
AMAFA
 & RESEARCH INSTITUTE