

APPLICATION FO	ORM I (for Official Use)
Ref:	K
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.

The state of the s			
A. DECLARATION BY OWNER			
1, NAOMI HARDMAN / FOR	ST JOHN'S HIGH SUHOOL		
(full names of owner/person authorized to sign) u	undertake strictly to observe the terms, conditions, TR V		
Signature	NATALL		
PlacePM6	Date 2b / 10 / 2022		
(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. T 53184 / 02		
Name of property/Project title: THE TRUSTEES FOR THE TIME BEING OF THE ST. JOHN'S HIGH SCHOOL TRUST. APPLICATION FOR COMPLETED WORK.			
ERF 7136, PIETERMARITZBURG	GPS Co-ordinates		
Street Address, Suburb, Town:			
77 NEW ENGLAND ROAD; PMB			
Local Municipality	District Municipality UMQUNGUNDLOVU.		
MSUNDUZI MUNICIPALITY	Traditional Authority Area		

	Current zoning		Present use	
A3 - PLACE OF INSTRUCTION		SCHOOL		
		ANCE: (complet	e sections appropriate t	to site)
Permanent Protection:	Heritage Landmark/ Provincial HL	Listed on the Heritage Register	Provisionally Protected (notice issued)	Site in a Protected Area
Generally Protected site containing:	Structures 60 years +	Graves	Archaeological site Battlefield or rock art	Palaeontological material Meteor impact site
2. Histori	cal/ Military Sign	ificance:	_	
THE SITE	IS NOT IN	CLUDED IN	ER OVER THE 10 THE RECENT LISS CEEDS OVER 5000	T OF PROTECTED
3. Archite	ctural Significa	nce:	Original dat	te of construction:
Significance: 7	HE EXISTING	BUILDINGS	ARE OFF CAPE DI	UTCH ARCHITECTURAL
DESIGN. B	UILDINGS AR	E WELL MAIN	THINED OVER THE	EIR LIFETIME AND
HAVE KEPT	THEIR OR	IGINAL FORMS	3,	
References				
		cance:		
4. Archae	ological Signific			

4.	Archaeological Significance:
	NONE
Referer	ices KWAZULU-NATAL

5. Palaeontological Significance:	T /
NONE	passes /
	8
& RESEARCH IN	STITUTE
References	

WORK CARRIED OUT WITHOUT PRIOR APPROVAL D.

1. Purpose of Application:	Damage/destruction/demolition	Alterations/Additions	
Redecoration	Disfigured Written/drawn on	Excavation	

Exhumation	Inundation	Development	
Collection/Removal from original site	Trade/export (heritage objects)	Restricted use of equipment s40(5)	, 500
Consolidation/Subdivision	Amendment of Plan	Other	
2. Existing Improvement	nts made on site:	•	
PLEASE REFER TO A	RCHITECTS DRAWINGS	FOR DETAILED INDICAT	MOIT
	S. (DRAWING NºS 721		
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3. Detail the work eemi	meneed/carried out		1
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4. Motivation for work	(D)		1
4. Wouvation for work	(Please motivate fully why work was co	ommenced without approval)	
REFER TO MOTIVATION	ON LETTER ACCOMPANYI	NG THE APPLICATION	•
	SOR SOL		
KWA	ZULU-NAT	A L	
	A STATE OF THE PERSONS	-	
	AAT	Λ	542
/\r		/ \	
Status of work Commenced		Completed	
Date commenced	Date stopped	Completion date	
& R E S E	ARCH INSTIT	UTE	
E. CONTACT DETAIL	S		
CONTRACTOR (the person who has done or who will complete the work)			
NAME D- CONSTRUCTION			
POSTAL ADDRESS 45 WINSTON ROAD, PMB			
K W A Z U L U - N A T A L			

	DOCT CODE	
TEL 033 345 00 11	POST CODE 3208	
033 343 0611		
REGISTRATION OF INDUSTRY REGULATORY B	QUALIFICATIONS BUILDING CONTRACTO	
RESISTINGTON OF INDUSTRY REGULATORY B	MASTER BUILDERS ASSOCIAT	NOI
2. ARCHITECTURAL PROFESSIONAL/ HER	RITAGE PRACTITIONER	
NAME A. UMRAW (FGG ARCHITE	ICTS INC)	
POSTAL ADDRESS UNIT 107; BEACON	ROCK: 21 LIGHTHOUSE ROAD	
UMHLANGA ROCKS	POST CODE 4319	
TEL 031- 208 2272	FAX/EMAIL allen @fggarchitects. (c	.39
CELL 083 792 1218	PROFESSIONAL REG. NO. PSAT 20587	
Author's Drawing Nos. 7250 001;	7250/002 9 7250/003	
SIGNATURE	DATE	
Alm	25/10/2022	562 6
Management of the Control of the Con	ated person to sign on the front of this form)	
NAME NAOMI HARDMAN (FOR ST JOHN'S HIGH SI	HOOL
POSTAL ADDRESS P/BAG X4		TRUS
SCOTTSVILLE	POST CODE 3209	
TEL 033 3868304	FAX/EMAIL NHARDM ANOSTJOH	NSDSG.
4. DELEGATED AUTHORITY (The name of the Power or Attorney/proof of authorization to be attached)	person authorized to act on behalf of a company or institution	- Low
NAME		
TEL	FAX/EMAIL	
F. SUBMISSION FEE: R4000.00 (subject	to annual increment on the 1 April)	
The submission fee is payable to the Kwazuli	u-Natal Amafa And Research Institute by banl	k
deposit/internet banking (EFT) and proof of paymer USE STREET ADDRESS/FARM NAME or DE	nt must be submitted with the application. VELOPMENT/PROJECT_TITLE_OR_SAHRIS_IF	,
NUMBER AS REFERENCE ACCOUNT DETAILS:	THE ON OMINO	_
ABSA BANK: Branch: ULUNDI Bank Code: 63		
Account in the name of the KZN Amafa and Reseat Account No. 40-5935-6024	arch Institute	jest o
71000ant 110. 40 0000-0024	The Paris of the P	
G. PUBLIC PARTICIPATION: (Contact de	tails of Interested and Affected Parties Consulted	=
written opinion to be attached to form and drawings	to be signed by I & A P. See Guidelines)	
NameTelephone	Fax/Email	
A RESEARCH II	M S T I T II T E	
H. CHECKLIST OF SUPPORTING DOCU	MENTATION (*see guidelines)	
APPLICATION FORM (COMPLETED & SIGNED B		
MOTIVATION/INCEPTION REPORT	,	
PHOTOGRAPHS*		
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	8 / A. W. A. I	

PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*			
1:50 000 MAP & SATELLITE AERIAL VIEW	✓	KML FILE MAP	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)			/
APPOINTMENT LETTERS		CONSENT LETTER	
PAYMENT/PROOF OF PAYMENT			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



