

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	A 1000 / 1000 - 1000

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 atteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). Form H(a) must be used for applications for atterations 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)

those in Section E: support of this appl	3 and sign this do ication)	cument and any	property must fill in these details and plans or other documents submitted in
, SIEGFAIED	MANDLA	JWARA	(full names of ewner/person authorized to sign)
	hoomie the terms of	aditions restriction	ns, by-laws and directions under which the nay issue the permit to me.
Signature	4	1	-
Place	RBAN		Date 8-Jul - 23
B. PROPERT	DESCRIPTION (F	provide all cadastral	information pertaining to the site):
Name of property:			Title Deed No.:
Erf/Lot/Farm No:		Size:	GPS Co-ordinates:
Street Address	4 Jaha Ndlovi	Street	Suburb
Town/Local Municipa		1 01	District Municipality:
PIETERIA	AUTZBURG	=	
Current zoning:	The local life		Present use:

C.	SIC	NIF	ICAL	NCE:

CONDITION

ADDITION

1. Original date of o	construction/plan approval:	
2. Historical Signifi	cance:	
	<u></u>	
References	ACCAMANANTANAN ANTANAN ANTANAN ANTANAN ANTANAN ANTANA	
A Amelita a		
3. Architectura	l Significance:	
References		
4. Urban Settin	g & Adjoining Properties:	
	ta in terms at a constant	ME & 1
		ALC:
		TIME -
References		
	ENGL OF THE STATE OF	
D. PROPOSED	WORK	
	tion (Indicate the reason by marking the	relevant how)
DEMOLITION		Leievaur Dox)
	NA	
CONDITION	HEALTH REASONS	OTHER
ALTERATION	NIA	1
	1-11/	

HEALTH REASONS

OTHER

CONDITION	HEALTH	REASONS	OTHER	

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

2. Motivation for proposed work (Summanse below and expand on a separate sheet if necessary)
ROOF TRUSSES DAMAGED BY TERMITES
SEE REPORT PROWN ENGINEER NGJ HAYTER
PF TECH ENG
3. Detail the alterations/additions/restorations proposed (Briefly outline the proposal)

E. CONTACT DETAILS

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

NAME HOLLEY HARVEY TH	£S
POSTAL ADDRESS BOX 4032	·
PMBURG	POST CODE 3200

TEL	FAX/EMAIL
CELL	QUALIFICATIONS LONTINGTOR
REGISTRATION OF INDUSTRY REGULATORY E	
	.
2. ARCHITECT/ARCHITECTURAL TECHNO	DLOGIST/DESIGNER N
NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX/EMAIL
CELL	SACAP REG. NO.
Author's Drawing Nos.	
In making this application on behalf of the app	olicant, I declare that I have provided the correct
information to the best of my knowledge and I und all conditions under which a permit may be issued.	ertake to ensure that the applicant is made aware of
SIGNATURE	DATE
SIGNATORE	Staff & F State
OWNER OF PROPERTY (Owner or deleg	pated person to sign on the front of this form)
NAME ARCHDIOCESE OF	DURBAN
POSTAL ADDRESS P. O. BOX 4	7489
GREYVILLE	POST CODE 4023
TEL 031 303 1417	FAX/EMAIL
4. DELEGATED AUTHORITY (The name	of the person authorized to act on behalf of a
company or institution - Power or Attorney/pro	
NAME SIEGFRIED MAN	
TEL 031 303 1417	FAX/EMAIL
	t to annual increment on the 1 April)
The submission fee is payable to the KwaZu deposit/internet banking (EFT) and proof of payme	ulu-Natal Amafa And Research Institute by bank
ACCOUNT DETAILS:	ant most be submitted with me approauch.
ABSA BANK: Branch: ULUNDI Bank Code: 6	530330
Account in the name of the KZN Amafa and Rese Account No. 40-5935-6024	earch institute
	RENCE
USE STREET ADDRESS/FARM NAME AS REFE	1574)
G. PUBLIC PARTICIPATION: (Contact deta	

YES NO

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-NAYAL

NGJ Hayter Pr Tech Eng Structural Engineering Technologist

Our ref: M23091 Your ref:

Please reply to: N Hayter

AMAAFA Monuments Council Pietermaritzburg

Dear sirs

21 Greenwood Road Boughton Pietermaritzburg 3201

Tel: 082 339 2308 hayternoel@gmail.com 24 July 2023

ST ANTHONY'S CATHOLIC CHURCH CORNER OF JABU NDLOVU AND RETIEF STREETS PIETERMARITZBURG REPAIRS TO EXISTING ROOF STRUCTURES

I hereby confirm that I was appointed as consulting structural engineer by the St Anthony Church Committee to oversee and assist in this matter.

The replacement of the entire timber structure including the steeple roof above the bell tower, was necessitated as the result of severe termite infestation of the timbers, photographs of which are appended to this letter.

I further confirm that the roof structure will be replaced with structural grade, treated timber following the exact dimensions and profiles of the existing roof structure, and that the brickwork will not be altered in any way, so as to maintain the original appearance of the building. The new roof sheets will match the original corrugated profile. There will be no deviation from the existing brickwork structure, nor will there be any alterations or additions whatsoever.

In view of the above facts, I sincerely request that you reconsider the fine served on the Church as there have been no transgressions relating to any alterations or additions to the original building structure itself.

I trust that the foregoing meets with your requirements. Should you have any queries regarding this report, kindly contact me.

Yours faithfully,

NGJ Hayter

Pr Tech Eng 8870162

Proprietor: NGJ Hayter Pr Tech Eng ECSA MSAICE MIPET IMSAISC



NOTIFICATION OF PAYMENT

To whom it may concern:

First National Bank hereby confirms that the following payment has been made:

Date Actioned : 2023-07-27
Time Actioned : 21:48:57

Trace ID : R9RHCC1K01

Payer Details

Payment From : *ARCHDIOCESE OF DURBAN

Amount : 800.00

Payee Details

Recipient/Account no :...356024
Recipient Name : Amafa

Bank ABSA BANK LIMITED

Branch Code : 632005

Reference : St Anthonys Church PMB

Channel : INTERNET

END OF NOTIFICATION

To authenticate this Payment Notification please visit our website at https://www.fnb.co.za, click on Online Banking, select the "Verify Payment" option and follow the on-screen instructions

Our customer (the payer) has requested First National Bank Limited to send this notification of payment to you. Should you have any queries regarding the contents of this notice, please contact the payer. First National Bank Limited does not guarantee or warrant the accuracy and integrity of the information and data transmitted electronically and we accept no liability whatsoever for any loss, expense, claim or damage, whether direct, indirect or consequential, arising from the transmission of the information and data.

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Company Secretary: C Low

First National BankA division of FirstRand Bank Limited. An Authorised Financial Services and Credit Provider (NCRCP20). An Authorised Financial Services and Credit Provider (NCRCP20).

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