

APPLICATION FORM A

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 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. Form I must be used if work has commenced/ been completed without a permit

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)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, 195 LANGALIBALELE STREET, PIETERMARITZBURG, 3201 OR BOX 2685 PIETERMARITZBURG 3200. Alternatively, email all documents to beadmin@amafapmb.co.za

A. DECLARATION BY OWNER

I, S. BIZZEN

(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 PINETOWN Date 25 JULY 2023

(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:

Name of property: <u>RESIDENCE</u>	Title Deed No. <u>T 020855 / 08</u>
Erf/Lot/Farm No: <u>PINETOWN</u>	GPS Co-ordinates: <u>-29.833423</u>
Street Address: <u>3 TIUIDALE ROAD</u>	<u>30.900228</u>
Local Municipality: <u>INNER WEST</u>	District Municipality: <u>ETHEKWINI</u>
Current zoning: <u>SR</u>	Present use: <u>RESIDENTIAL</u>

C. SIGNIFICANCE:

1.	Original date of construction	PRE 1960
2.	Historical Significance:	
No historical significance - Amafa application been done before approx 12 years ago - was approved by Amafa without any special conditions		
References	See previous approved plans	

3.	Architectural Significance:	
Semi-Spanish Style - cordova tiles with smooth plaster and paint various alterations done over the years.		
References		

4.	Urban Setting & Adjoining Properties:	
Set in the borough of pinetown; at the foot of cowies hill, adjacent to Dawncliffe - all adjoining properties are residential		
References		

D. PROPOSED WORK

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

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

2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

BEING AN INHABITED RESIDENTIAL
HOUSE, OWNER WOULD LIKE TO
IMPROVE THE OUTDOOR LIVING
AREA OF THE PROPERTY

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


MINOR ALTERATIONS / ADDITIONS
TO THE EASTERN FACADE OF THE
HOUSE, BEING SINGLE STOREY
OF A COVERED PATIO
INCLUDED IS A SMALL TUNING
AND TIMBER TOOL SHED.

E. CONTACT DETAILS

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

NAME	SPENCER PIZZEN		
POSTAL ADDRESS	3 TIVIDALE RD		POST CODE 3610
TEL	FAX/EMAIL		
CELL 083 556 6555	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME M. Pigford	
POSTAL ADDRESS UNIT 22 PETSHELL; 8 SHORT PLACE	
NEW GERMANY	POST CODE 3610
TEL 083 989 8455	FAX/EMAIL mpigford@telkomsa.net
CELL *	SACAP REG. NO. ST 0618
Author's Drawing Nos. SPEN 02 - 002 A ; SPEN 02 - 002 B	
SIGNATURE 	DATE 26 July 2023

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

NAME S BIZZELL	
POSTAL ADDRESS 3 TWIDALE ROAD	
	POST CODE 3610
TEL 083 556 6555	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 AMAFA AKWAZULU-NATALI

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 _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines) YES NO

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	✓	
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	