



## APPLICATION FORM A (STRUCTURES)

Ref: \_\_\_\_\_

Date received \_\_\_\_\_

Application No \_\_\_\_\_

Application approved \_\_\_ not approved \_\_\_

Date of permit/notification \_\_\_\_\_

Permit No \_\_\_\_\_

### PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 33(1)(A) FOR THE DEMOLITION, ALTERATION OR ADDITION TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

(Application form H must be used for alteration to structures permanently protected in terms of Section 37, 38, & 39 (Heritage Landmarks))

#### PLEASE NOTE

IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Detach and 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, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa aKwaZulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)**

#### A. DECLARATION BY OWNER

I, Sunny D. CHETTI

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature

Place

Date

(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:

1. Name of property: \_\_\_\_\_ Title Deed No. \_\_\_\_\_

2. Erf/Lot/Farm No: 16 OF RFP 351 SPRINGFIELD

Street Address: 45 DANLIA ROAD,

ASHERVILLE

Local Municipality ETHEKWEZI (DURBAN)

District Municipality DURBAN

3. Current zoning \_\_\_\_\_ Present use DWELLING

**C. SIGNIFICANCE:**

1. Original date of construction \_\_\_\_\_

2. Historical Significance: BUILDING HAS NO HISTORICAL SIGNIFICANCE  
ONLY COUNCIL PLANS ARE AVAILABLE. HOWEVER THERE  
WERE DEVIATION PLANS, SUBMITTED AND APPROVED

References V. SUBRAMONEY ADJACENT PROPERTY OWNER  
TEL : 031 209 5808

3. Architectural Significance: DWELLING.

THIS BUILDING IS CURRENTLY A DWELLING. IT HAS  
A TILE ROOF AND STEEL WINDOW FRAMES. THE  
WALLS IS WITH SMOOTH PASTER AND PAINT

References \_\_\_\_\_

4. Urban Setting & Adjoining Properties: DWELLING.

DANLIA ROAD IS OFF A TRAFFIC CIRCLE OFF TULIP  
ROAD, CROCUS ROAD LEADING FROM R.D. NAINY DR  
(STANLEY COPLEY DR). DANLIA ROAD IS A PRIMARY  
ROAD SITUATED BETWEEN THE ROAD MENTION ABOVE.  
THIS DWELLING IS BETWEEN OTHER RESIDENCES IN  
A FAIRLY QUIET AREA. THE TOPOGRAPHIC VALUE  
IS THAT THIS DWELLING IS ON A LEVEL PLATFORM  
HAVING A ± 3m DIFFERENCE IN HEIGHT FROM THE  
ROAD AND THE REAR DWELLING IS ± 4m DIFFERENCE  
IN PLATFORM LEVEL AND THE SIDE NEIGHBOUR IS  
2.0m PLATFORM DIFFERENCE IN LEVEL. THE ROAD IS  
A TWO WAY ROAD WITH A DRIVEWAY SEED INTO THE  
PROPERTY.

**D. PROPOSED WORK**

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

**DEMOLITION**

CONDITION		HEALTH REASONS		OTHER	
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**ALTERATION**

CONDITION		MAINTENANCE	✓	OTHER	
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**ADDITION**

EXTENSION	✓	CHANGED USE		OTHER	
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

DUE TO THE SHAPE & SIZE OF THE PROPERTY WITH THE OWNERS FAMILY EXPANDING, THE INTENTION IS TO CAREER FOR A BIGGER FAMILY AND THUS ADD TO THE EXISTING DWELLING. WITH THE FINANCE RESTRAIN, THE OWNER IS RESTRICTED FROM PURSUING LAND FOR DEVELOPMENT ELSEWHERE, LEAVING THE OWNER NO OPTION BUT TO CREATE LIVING SPACE FOR THE FAMILY ON THIS PROPERTY. THE SAID PROPOSAL WILL BE UTILIZED FOR LIVING PURPOSES AS PER PLAN BY FAMILY MEMBERS. THIS DEVELOPMENT CREATES REVENUE TO COUNCIL BY MEANS OF RATES, WATER & POWER.

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

PROPOSED: ADDITION & ALTERATION TO DWELLING TO ALLOW FOR ADDITIONAL LIVING AREA. THE BUILDING AESTHETICS IS KEPT THE SAME AS THE EXISTING STRUCTURE, WHERE WE INTEND TO CHANGE THE ROOF TILES TO FLAT REINFORCED CONCRETE ROOF AS PER SANS 10400 REGULATIONS. THIS TYPE OF ROOF PRESENT OVERSHADOW & FINISHES INCLUDE IN HIGH SAFETY WALL WITH RAINWATER OUTLET INTO RAINWATER HEAD & DOWNPIPES. THE SERVICES OF AN STRUCTURAL ENGINEER AS WELL AS A GEOTECHNICIAN WILL APPLY AS TO ASAINTAIN LOAD BEARING ON EXISTING FOUNDATIONS.

E. CONTACT DETAILS

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

NAME ISHVAR CONSTRUCTIONS CC (MR I SINGH)	
POSTAL ADDRESS 71 ALPINE DRIVE	
STRAUCROSS	POST CODE 4093
TEL 071 675 8275	FAX
CELL 071 675 8275	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY: NHBRC: 3397	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <u>D. BASSEO</u>	
POSTAL ADDRESS <u>CLUSTER BOX 2535</u>	
<u>MAYVILLE</u>	POST CODE <u>4091</u>
TEL <u>031 261 7157</u>	FAX
CELL <u>012 312 3740</u>	SACAP REG. NO. <u>D.2589</u>
Author's Drawing Nos.	
SIGNATURE <u>D. BASSEO</u>	DATE

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

NAME <u>D. CHETTY</u>	
POSTAL ADDRESS <u>45 DAHLIA ROAD</u>	
<u>AMSTERVILLE</u>	POST CODE <u>4091</u>
TEL <u>031-2083398</u>	FAX

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 <u>D. CHETTY</u>	
TEL <u>031-2083398</u>	FAX

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)

The submission fee is payable to Amafa aKwaZulu-Natali by cheque or bank deposit/internet banking prior to the processing of this application.  
 Banking details in case of direct deposits:  
**ABSA BANK: Branch: ULUNDI Bank Code: 630330**  
 Account in the name of **AMAFa AKWAZULU-NATALI**  
**Account No. 40-5935-6024**  
**NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office**

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 SUBRAMONEY  
 Telephone 031 2095803 Fax \_\_\_\_\_

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>
PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
ORIGINAL DRAWINGS	<input type="checkbox"/>	<input type="checkbox"/>
PLANS (X2 SETS) - NUMBERED AND COLOURED	<input type="checkbox"/>	<input type="checkbox"/>
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PUBLIC PARTICIPATION	<input type="checkbox"/>	<input type="checkbox"/>
PAYMENT/PROOF OF PAYMENT	<input type="checkbox"/>	<input type="checkbox"/>