

TEL 033 345 4573	FAX/EMAIL dalekatrading6@gmail.com
CELL 0673 296 688	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <i>Michael Lorely</i>	
POSTAL ADDRESS <i>3 Second Lane, Hillen</i>	
	POST CODE <i>3245</i>
TEL <i>—</i>	FAX/EMAIL <i>—</i>
CELL <i>0844615935</i>	SACAP REG. NO. <i>D0974</i>
Author's Drawing Nos. <i>309IN-0CH-001 to 003</i>	
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 <i>ml</i>	DATE <i>23/8/2023</i>

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

NAME Msunduzi Municipality	
POSTAL ADDRESS 333 Church Street, AS Chetty Building, Pietermaritzburg	
	POST CODE 3201
TEL 033 392 2818	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 Lulamile Mapholoba	
TEL 033 392 2666	FAX/EMAIL lulamile.mapholoba@msunduzi.gov.za

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)		
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