

APPLICATION FORM A (STRUCTURES)

Ref:	
Date received	
Application No 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	
P. H. BLOUNT	
(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 X / Aut	
Place DURISAN 15-2-2013 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: PORTION 4 OF ERF 215 DURBAN	
2. Erf/Lot/Farm No: PORTION 4 OF ERF 216 DURBAN Street Address: 138 SM150 NKWANYANA ROAD, MURNING DURBAN	51DE
Local Municipality	
District Municipality ETHEKWINI MUNICIPALITY	
3. Current zoning <u>RESIDENTIAL</u> Present use <u>DWELLING</u>	

1. Original date of construction: 1917 2. Historical/Military Significance: None References 3. Architectural Significance: PROPERTY ARE WELL PRES AND PHAINTAINLD. THE EDWARDIAN STYLE HAS BELLEWED WITH THE PREVIOUS AUTERATION & ROBITI References 4. Urban Setting & Adjoining Properties: THE SUBJECT THE PROPERTY IS SITUATED IN 15 A WELL ESTABLISHED SUBJECT WITH FAIRLY LARGE PROPER DRAWING FROM THE MAJERTY OF THE NEIGHBORING MOUSE EDWARDIAN STYLE THERE ARE OTHER MOUSES THA IN STYLE.	
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D. PROPOSED WORK:	
1. Purpose of Application (Indicate the reason by marking the relevant box)	
in a pool of Apphoanon (maloute the reason by marking the relevant box)	
DEMOLITION	
CONDITION / HEALTH REASONS · OTHER	
ALTERATION	
ALTERATION CONDITION	
OUNDITION PILALITI REASONS POINER	
ADDITION	
CONDITION / HEALTH REASONS / OTHER	
2. Motivation for proposed work (Please motivate fully – on separate sheet if necessa THO PURPOSE OF THE ALICHATIONS & ADDITIONS TO THE	

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AND WILL BE SEEN AS A GOOD INVESTMENT IMPROVING THE VALUE OF THE PROPERTY AND THE NEIGHBORING PROPERTIES AS WELL AS THE SUBURB AS A WHOLE.
THE VALUE OF THE PROPERTY AND THE NEIGHBORING
PROPERTIES AS WELL AS THE SUBURB AS A WHOLE.

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

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ADD MAIN BEDROOM EN-SCITE	
ADD MAIN BEDROOM EN-SCITE. ADD EXTERNAL STAIRS AT THE KOAR OF NEW	LAUNDRY.

E. CONTACT DETAILS

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

NAME: 140	T APPOINTED YET	
POSTAL ADDRESS		
		POST CODE
TEL	FAX	
CELL	QUALIFICATIONS	
REGISTRATION OF INDUS	TRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME:	IAN WHITAKER			
POSTAL	ADDRESS: 8 UP THE HILL,			
	SUNNINGDALE			POST CODE: 4051
TEL:	031-5620310	FAX:	0866-499-530	
CELL:	083-303-8863	SACA	P/ASAPA REG.	NO. D0783
Author's	Drawing Nos.			
SIGNATU	JRE	DATE		
	Mille		19-2-20	713

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

NAME:	P.	H.	BLOUNT	

POSTAL ADDRESS: 138 57150 NKWANYANA	ROAD
1410K4N(NGS11)E	OST CODE: 4000
MORINIGSIDE F TEL: 082-4439914 FAX	
4. DELEGATED AUTHORITY (The name of the person authorompany or institution – Power of Attorney/proof of authorization	
NAME: IAN WHITAKER	
TEL: 031-5620310 FAX: 0866-49	9-530
F. SUBMISSION FEE: R600.00 (subject to annual increment	on the 1 April)
The submission fee is payable to Amafa aKwaZulu-Natali by chequ 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	·
G. PUBLIC PARTICIPATION: (Contact details of Interested and written opinion to be attached to form and drawings to be signed by I Name	
Telephone Fax	
H. CHECKLIST OF SUPPORTING DOCUMENTATION APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS A MOTIVATION/INCEPTION REPORT PHOTOGRAPHS ORIGINAL DRAWINGS PLANS (X2 SETS)-NUMBERED AND COLOURED PROOF OF PROFESSIONAL ACCREDIATION (e.g. copy of accreditatio PAYMENT/PROOF OF PAYMENT	