

**C. SIGNIFICANCE:**

1. Original date of construction: 1944

2. Historical/Military Significance: NONE

References \_\_\_\_\_

**3. Architectural Significance:**

A well-preserved and maintained Edwardian dwelling.

References \_\_\_\_\_

**4. Urban Setting & Adjoining Properties:**

The property is situated in a well established suburb with large properties drawing from the

higher income bracket. The neighbouring houses are also Edwardian style, but with variations.

The streetscape has 3m grass verges. Every property has security front boundary walls.

**D. PROPOSED WORK:**

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

**DEMOLITION**

CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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**ALTERATION**


CONDITION	<input type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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**ADDITION**

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>
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**2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

<b>NAME:</b> IAN WHITAKER	
<b>POSTAL ADDRESS:</b> 8 UP THE HILL, SUNNINGDALE	
<b>POST CODE:</b> 4051	
<b>TEL:</b> 031-5620310	<b>FAX:</b> 0866-499-530
<b>CELL:</b> 083-303-8863	<b>SACAP/ASAPA REG. NO.</b> D0783
<b>Author's Drawing Nos.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 20-12-2013

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

<b>NAME</b> P. Bezuidenhout	
<b>POSTAL ADDRESS</b> 6 Westbury Crescent Durban North	
<b>POST CODE</b> 4051	
<b>TEL</b> 083-737 6439	<b>FAX</b>

**4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power of Attorney/proof of authorization to be attached)**

<b>NAME:</b> IAN WHITAKER	
<b>TEL:</b> 031-5620310	<b>FAX:</b> 0866-499-530

**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 & AP. See Guidelines)**

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**H. CHECKLIST OF SUPPORTING DOCUMENTATION**

	YES	NO
APPLICATION FORM ( COMPLETED & SIGNED BY OWNER & PLANS AUTHOR	X	
MOTIVATION/INCEPTION REPORT	X	
PHOTOGRAPHS	X	
ORIGINAL DRAWINGS	X	
PLANS (X2 SETS)-NUMBERED AND COLOURED	X	
PROOF OF PROFESSIONAL ACCREDIATION (e.g. copy of accreditation card)	X	
PAYMENT/PROOF OF PAYMENT	X	