



### 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 a teration 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, Ms J. M. BOULUE

(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 J. Boule

Place DURBAN Date 4-03-13

(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. T006004119/2010
2. Erf/Lot/Farm No: PORTION 3 OF LOT 772 CATO MANOR  
Street Address: 19 ELLAND ROAD  
CATO MANOR, DURBAN  
Local Municipality DURBAN  
District Municipality ETHEKWINI
3. Current zoning SR Present use DWELLING

**C. SIGNIFICANCE:**

- 1. Original date of construction 1947
  - 2. Historical Significance: THIS IS A DWELLING IN A RESIDENTIAL AREA THAT IS OVER 60 YEARS OLD
- References \_\_\_\_\_

**3. Architectural Significance:**

- THE DWELLING IS BUILT IN THE NATAL FARMHOUSE STYLE
- References \_\_\_\_\_

**4 Urban Setting & Adjoining Properties:**

- ALL ADJOINING PROPERTIES ARE DWELLINGS

**D. PROPOSED WORK**

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

**DEMOLITION**

COND T ON	HEALTH REASONS	OTHER
-----------	----------------	-------

**ALTERATION**

COND T ON	MAINTENANCE	OTHER
-----------	-------------	-------

**ADDITION**

EXTENSION	<input checked="" type="checkbox"/> CHANGED USE	OTHER
-----------	---	-------

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

THE OWNER WANTED TO CONVERT THE EXISTING TOILET INTO A SHOWER AS THE ONLY BATHROOM DOES NOT HAVE A SHOWER

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


THE EXISTING TOILET IS TO BE REMOVED AND AN EXTENSION (UNDER THE EXISTING ROOF) IS TO BE BUILT TO ACCOMMODATE A NEW SHOWER

**E. CONTACT DETAILS**

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

NAME NOT APPOINTED AS YET	
POSTAL ADDRESS	
POST CODE	
TEL	FAX
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME	MARY JAY		
POSTAL ADDRESS	TRAFALGAR PLACE		
	FARNINGHAM RIDGE PINETOWN	POST CODE	3610
TEL	031 7026438	FAX	
CELL	084 3100869	SACAP REG. NO.	ST0257
Author's Drawing Nos.	1307		
SIGNATURE		DATE	4.03.13

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

NAME	MS T.M. BOULLE		
POSTAL ADDRESS	19 ELLAND ROAD, CATO MANOR,		
	DURBAN	POST CODE	4001
TEL	083 5050608	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	
TEL	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 **AMAFI 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 : & A P. See Guideines)

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

H. CHECKLIST OF SUPPORTING DOCUMENTATION

YES NO

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
MOTIVATION	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS) - NUMBERED AND COLOURED	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		✓
PROOF OF PUBLIC PARTICIPATION	✓	
PAYMENT/PROOF OF PAYMENT	✓	