



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-NATALI 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, Karin Mkaela Burge / Nigel Charles Burge
(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 [Handwritten Signature]
Place Durban Date 3 December 2013

(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 3 OF ERF 736 DURBAN
Street Address: 15 LEIGHORNE PLACE
Local Municipality ETHEKWINI
District Municipality ETHEKWINI
3. Current zoning _____ Present use DWELLING

POSTAL ADDRESS:		POST CODE:
TEL:	FAX	

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)

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

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

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

C. SIGNIFICANCE:

1. Original date of construction: No records found, presumed over 60 years old

2. Historical/Military Significance: NONE

References _____

3. Architectural Significance:

A small well-preserved and maintained Edwardian dwelling.

References _____

4. Urban Setting & Adjoining Properties:

The property is situated in a well established suburb with fairly small properties drawing from the middle income bracket. The neighbouring houses are also Edwardian style.

The streetscape has small 2m hardened 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		HEALTH REASONS		OTHER	
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ALTERATION

CONDITION		MAINTENANCE		OTHER	
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ADDITION

EXTENSION		CHANGED USE	X	OTHER	
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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	SACAP/ASAPA REG. NO. D0783
Author's Drawing Nos.	
SIGNATURE 	DATE 20-12-2013

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

NAME Karin Mikaela Burge & Nigel Charles Burge	
POSTAL ADDRESS 15 Leighone Place Windermere	
POST CODE	
TEL 076-427 8801	FAX

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)

NAME: IAN WHITAKER	
TEL: 031-5620310	FAX: 0866-499-530

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	YES	NO
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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	