



**APPLICATION FORM A** (for Official Use)

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

**APPLICATION IN TERMS OF SECTION 37(1)(a) OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018,) FOR A PERMIT TO DEMOLISH, ALTER OR ADD TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS**

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED  
 Application Form H must be used for alteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). Form H(a) must be used for applications for alterations to memorials/statues. If work has commenced/been completed without a permit, Form I must be used.

**NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)**

**ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, via email to [beadmin@amafapmb.co.za](mailto:beadmin@amafapmb.co.za) (hard copy applications cannot be accepted during the COVID-19 pandemic)**

**A. DECLARATION BY OWNER (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)**

I, Naomi Susan Hardman (full names of owner/person authorized to sign)

undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE may issue the permit to me.

Signature

Place Pietermaritzburg Date 19 September 2022

**B. PROPERTY DESCRIPTION (provide all cadastral information pertaining to the site):**

Name of property: <u>ST JOHN'S SCHOOL</u>		Title Deed No.:
Erf/Lot/Farm No: <u>ERF 7136</u>	Size:	GPS Co-ordinates:
Street Address <u>77 NEW ENGLAND ROAD, P.M.B.</u>		Suburb <u>SCOTTSVILLE</u>
Town/Local Municipality: <u>PIETERMARITZBURG</u>		District Municipality:
Current zoning: <u>EDUCATION</u>		Present use: <u>SCHOOL</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:	1933
2. Historical Significance:	
ORIGINALLY BUILT AS A RESIDENCE UNIT ON THE SCHOOL GROUNDS. NOW USED AS STAFF QUARTERS & OFFICE.	
NO INFORMATION IS AVAILABLE ON THE ARCHITECT WHO DESIGNED THE BUILDING, NOR THE NAME OF THE ORIGINAL BUILDER.	
References	
MUNICIPAL ARCHIVES	

3. Architectural Significance:	A SINGLE STOREY GABLE FRONTED BLDG CORRUGATED IRON ROOF WITH PAINTED BRICK WALLS (NO PLASTER) A MIX OF SLIDING SASH WINDOW & STEEL FRAMED WINDOWS THE MAIN ROOMS HAVE TIMBER FLOOR WITH KITCHEN & BATHS WITH CONCRETE FLOOR. VERANDAH POSTS ARE TIMBER WITH <del>PLASTER</del> TIMBER BEAMS OVER. BEAMS ARE ROTTED IN PLACES.
References	
SCHOOL RESOURCES & SITE VISIT.	

4. Urban Setting & Adjoining Properties:	
THE SCHOOL SITE IS SET IN A RESIDENTIAL AREA & BOUNDED BY THE N3 ON ONE SIDE. ADJOINING BUILDINGS ARE MOSTLY SINGLE STOREY RESIDENCES. THE SUBJECT BUILDING IS SET DEEP IN THE PROPERTY & NOT VISIBLE FROM THE STREET.	
References	(SITE VISIT)

D. PROPOSED WORK

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

DEMOLITION			
CONDITION		HEALTH REASONS	OTHER
ALTERATION (RENOVATION)			
CONDITION	X	HEALTH REASONS	OTHER
ADDITION			

CONDITION	HEALTH REASONS	OTHER
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2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

THE BUILDING HAS FALLEN INTO A STATE OF DISREPAIR OVER THE YEARS. IT WAS ALSO DAMAGED (THE ROOF ESPECIALLY) IN A RECENT SEVERE HAIL STORM.

THE SCHOOL WANTS TO RENOVATE IT TO AN ACCEPTABLE STANDARD TO BE USED AS OFFICES FOR THE SPORTS DEPARTMENT STAFF.

THE CEILING HEIGHT, ESPECIALLY IN THE KITCHEN, IS VERY LOW (2.4m) & NEEDS TO BE RAISED.

THE ROOF TRUSSES ARE IN VERY BAD CONDITION (SEE PHOTOS) & POSE A DANGER TO THE OCCUPANTS.

THERE IS STRUCTURAL CRACKS IN THE WALLS IN PLACES THAT NEED TO BE REPAIRED.

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

- THE EXIST. ROOF IS TO BE REMOVED & REPLACED WITH NEW AT A HIGHER LEVEL. THE NEW ROOF PROFILE WILL MATCH THE EXISTING. NEW SHEETING WILL BE KLIP-LOK DUE TO THE LOW PITCH IN PLACES. NEW CEILING ALL ROUND
- ALL EXISTING WINDOWS & DOORS TO BE RETAINED, ALL TO BE SERVICED & RE-PAINTED.
- CRACKS TO BE STICHD & ALL WALLS TO BE RE-PAINTED
- EXIST. TIMBER FLOORS TO BE REMOVED & REPLACED WITH CONC. SLABS.
- ALL PUMBING, SANITARY FITTINGS & ELECTRICAL TO BE STRIPPED & REPLACED WITH NEW.

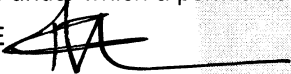
E. CONTACT DETAILS

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

NAME	D-CONSTRUCTION (CHARL BARLARD)	
POSTAL ADDRESS	45 WINSTON ROAD	
PIETER MARITZBURG	POST CODE	3201

TEL 033 345 0611	FAX/EMAIL CHARL@D-COV.CO.ZA
CELL 082 926 3604	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ~~ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER~~

NAME RANDEHR GOBIND	
POSTAL ADDRESS 317 BULWER STREET PIETERMARITZBURG	
POST CODE 3201	
TEL 033-345 4569	FAX/EMAIL RGA@LIVE.CO.ZA
CELL 078 0633 803	SACAP REG. NO. ST 0142
Author's Drawing Nos. S22/201, 202 & 203 - ALL REV 1	
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 	DATE 13/9/22

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

NAME St John's High School Trust (t/a St John's D.S.G.)	
POSTAL ADDRESS 77 New England Road, Scottsville, Pietermaritzburg	
POST CODE 3201	
TEL 033 386 8304	FAX/EMAIL nhardman@stjohnsdsg.com

X 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 Naomi Hardman	
TEL 071 671 5533	FAX/EMAIL nhardman@stjohnsdsg.com

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

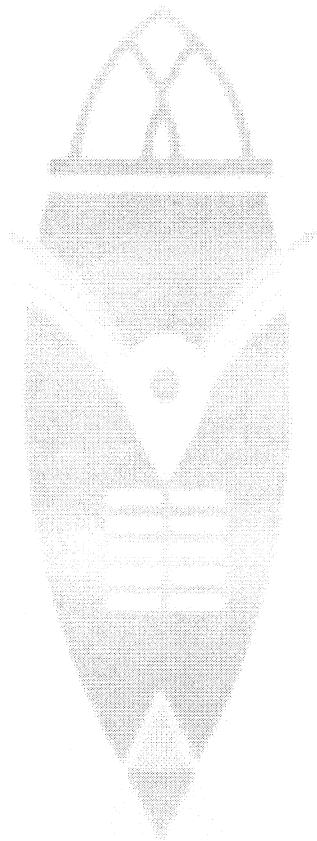
G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

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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MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT	✓	
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT ( <u>use street address as reference</u> )		



KWAZULU-NATAL

AMAFA

& RESEARCH INSTITUTE