



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, R.A. COLLINS

(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 R.A. Collins

Place _____

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 1 OF ERF 668 DURBAN

Street Address: 268 INNES ROAD

MORNINGSIDE

Local Municipality ETHEKWINI MUNICIPALITY

District Municipality ETHEKWINI

3. Current zoning SPECIAL RESIDENTIAL R800 Present use DWELLING

C. SIGNIFICANCE:

1. Original date of construction: 1914

2. Historical/Military Significance:

NONE

References _____

3. Architectural Significance:

THE DWELLING AND PROPERTY ARE WELL PRESERVED AND MAINTAINED. THE UNION PERIOD STYLE HAS BEEN FOLLOWED TO A POINT WITH THE PREVIOUS ALTERATIONS AND ADDITIONS

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 NEIGHBORING HOUSES ARE VICTORIAN, UNION AND EDWARDIAN STYLE. THE STREETSCAPE HAS WIDE VERGES WITH TREES. EVERY PROPERTY HAS SECURITY FRONT BOUNDARY WALLS. ACROSS THE ROAD THERE IS A SCHOOL AND A PARK WITH A CITY VIEW POINT AND MODERN SCULPTURE.

D. PROPOSED WORK:

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

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	✓
-----------	--	----------------	--	-------	---

ALTERATION

CONDITION		HEALTH REASONS		OTHER	✓
-----------	--	----------------	--	-------	---

ADDITION

CONDITION		HEALTH REASONS		OTHER	
-----------	--	----------------	--	-------	--

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

THE PROPOSED ALTERATIONS WILL REDESIGN THE KITCHEN

INTO AN OPEN PLAN DINING ROOM & KITCHEN

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

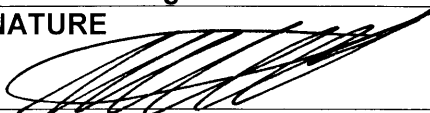
REMOVE 1m WIDE SINGLE WINDOW & REPLACE WITH TWO 0.5m WINDOWS THE THE STOVE & RESPECTIVE SPLASH BACK BETWEEN.
 DEMOLISH WALL BETWEEN KITCHEN & DINING ROOM.
 RELOCATE KITCHEN DOOR FROM ENTRANCE LOBBY.
 RELOCATE KITCHEN SINK.
 RELOCATE STOVE.
 RELOCATE FRIDGE.
 ADD KITCHEN ISLAND.

E. CONTACT DETAILS

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

NAME: NOT APPOINTED YET	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY 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	SACAPI/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: R. A. COLLINS

POSTAL ADDRESS: 268 INNES ROAD		POST CODE: 4000
MORNINGSIDE		
TEL: 031-312 7703	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

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 ACCREDITATION (e.g. copy of accreditation card)		
PAYMENT/PROOF OF PAYMENT		