



### 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, MR A. J. DA COSTA, MRS S. P. DA COSTA

(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 \_\_\_\_\_

Place \_\_\_\_\_

DURBAN

Date 06.04.13

(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. T41053/2010
2. Erf/Lot/Farm No: SUB 3 OF LOT 888 MONTCLAIR  
Street Address: 2 CHARLES MOWAT ROAD  
MONTCLAIR, DURBAN  
Local Municipality DURBAN  
District Municipality ETHEKWINI
3. Current zoning SP 900 Present use RESIDENTIAL

**C. SIGNIFICANCE:**

1. Original date of construction 1935
2. Historical Significance: THIS IS A DWELLING HOUSE IN A PRE DOMINANTLY RESIDENTIAL AREA WITH A SCHOOL ACROSS THE ROAD
- References \_\_\_\_\_

**3. Architectural Significance:**

- THIS IS A DWELLING, BUILT MORE THAN 60 YEARS AGO WITH NO SPECIFIC STYLE.
- References \_\_\_\_\_

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

- THERE ARE DWELLINGS TO THE SIDE AND REAR AS WELL AS ACROSS THE ROAD AND A SCHOOL ACROSS THE ROAD

**D. PROPOSED WORK**

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

**DEMOLITION**

COND T ON	HEALTH REASONS	OTHER
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**ALTERATION**

COND T ON	MA NTENANCE	OTHER
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**ADDITION**

EXTENS ON	<input checked="" type="checkbox"/> CHANGED USE	OTHER
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

THE ROOF ON THIS HOUSE IS IN A POOR  
CONDITION AND THE OWNER WISHES TO  
REPLACE THE ENTIRE ROOF AS WELL AS  
DOING WINDOW EXTENSIONS TO THE HOUSE  
ITSELF AS WELL AS CONVERTING THE  
EXISTING GARAGE INTO A GRANNY FLAT  
AND EXTENDING THE EXISTING SMALL  
SERVANTS QUARTERS

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


THE EXISTING MAIN BEDROOM IS TO BE  
EXTENDED AND AN ENSUITE ADDED, A  
VERANDAH IS TO BE ADDED AT THE FRONT  
AND REAR OF THE DWELLING. THE ROOF  
TO THE HOUSE IS TO BE REPLACED.  
THE EXISTING GARAGE IS TO BE CONVERTED  
INTO A GRANNY FLAT AND THE EXISTING  
SERVANTS QUARTERS IS TO BE EXTENDED.

**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	3 TRAFALGARE PLACE, FARMINGTONHAM		
	RIDGE, PINETOWN	POST CODE	3610
TEL	031 7026438	FAX	031 7026438
CELL	084 3100869	SACAP REG. NO.	570257
Author's Drawing Nos.	1311		
SIGNATURE			
DATE	06-04-13		

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

NAME	MR A. J. DA COSTA, MRS S. P. DA COSTA		
POSTAL ADDRESS	2 CHARLES MOWAT ROAD, MONTCLAIR		
	DURBAN	POST CODE	
TEL	083 793 9435	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 **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 & A P. See Guidelines)

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

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHOTOGRAPHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORIGINAL DRAWINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLANS (X2 SETS) - NUMBERED AND COLOURED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PUBLIC PARTICIPATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAYMENT/PROOF OF PAYMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>