



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 (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, DAVID HITCH (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 ESTON Date 2023/01/25

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

Name of property: ESTON CHURCH		Title Deed No.: T218862018
Erf/Lot/Farm No: PTN 4 OF THE FARM LANGEOPDRAVENDE NO. 1111	Size: 4047m ²	GPS Co-ordinates: -29.874002, 30.500203
Street Address: STONEY RIDGE ROAD, ESTON		Suburb: ESTON
Town/Local Municipality: ESTON		District Municipality: MKHAMBATHINI MUNICIPALITY
Current zoning: WORSHIP		Present use: WORSHIP

C. SIGNIFICANCE:

1. Original date of construction/plan approval: CIRCA 1890
2. Historical Significance:
OLD BUILDING
References

3. Architectural Significance:
OLD BUILDING
References

4. Urban Setting & Adjoining Properties:
THE PROPERTY IS SET IN RURAL FARMLAND AND BORDERED ON ALL SIDES BY SUGAR CANE PLANTATIONS
References


D. PROPOSED WORK

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

DEMOLITION					
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>
ALTERATION					
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>
ADDITION					

TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME ANDREW SCHWIKKARD	
POSTAL ADDRESS 7 KNOLL ROAD	
WESTVILLE	POST CODE 3629
TEL 078 843 7605	FAX/EMAIL andrew@schwikkardarch.co.za
CELL 078 843 7605	SACAP REG. NO. PRARCH 21570
Author's Drawing Nos. 100	
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 2023/01/25

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

NAME DAVID HITCH	
POSTAL ADDRESS 28 UMZWILILI ROAD	
KLOOF	POST CODE 3610
TEL 079 897 6297	FAX/EMAIL stirlingestatekzn@gmail.com

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 ANDREW SCHWIKKARD	
TEL 078 843 7605	FAX/EMAIL andrew@schwikkardarch.co.za

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 ALLEN STIEBEL (PTN 4 OF CLEVELAND 14064) DAVID FIELD (PTN 2 +1 OF CLEVELAND 14064)
 Telephone STIEBEL 082 7706905 FIELD 079 8976297 Fax/Email alstiebel@gmail.com davidfield55@gmail.com

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines) YES NO

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



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reviewers. Lobbying of external reviewers will disqualify the application and the matter will be reported to the SACAP and the SAIA-KZN, the SAIBD, or SAIAT. Written responses to applications will be forwarded to applicants by email. Telephonic or e-mails enquiries will not be responded to.

***PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Allow 90 days from the receipt of all required documentation**



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