APPLICATION FORM I KWAZULU-NATAL Ref: Date Received: AMAFA AND RESEARCH Application no: INSTITUTE Approved: Not Approved: Date of Permit: THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY Permit No: APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE THE CONDONATION/ ACT (5/2018) FOR APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both . generally and specially protected heritage resources). This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website www.heritagekzn.co.za. NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (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, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED. THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION. A. **DECLARATION BY OWNER** DOURN AHMED VACCOR (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 written approval of the work to me. Signature _ 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) PROPERTY DESCRIPTION: Title Deed No 2012 Name of property/Project title: STRUCTURAL REPAIR OF BULDING DUE TO DAMAGED CHUSTOD Erf/Lot/Farm No: **GPS Co-ordinates** BY JULY LOOTING REMOFERF 11036 DURBAN Street Address: 393 PIYLEY KASEME ROAD DURBA

District Municipality

Present use

Traditional Authority Area

RETAIL

Local Municipality

Current zoning PETAL

THEKWINI

C. HERITAGE SIGNIFICANCE: (complete sections appropriate to site)

1. Status of Heritage Resources on the Site:

Permanent Protection:	Heritage Landmark/ Provincial HL	Listed on the Heritage Register	Provisionally Protected (notice issued)	Site in a Protected Area
Generally Protected site containing:	Structures 60 years +	Graves	Archaeological site Battlefield or rock art	Palaeontological material Meteor impact site

2.	Historical/Military Significance:
N	DNE
Refere	
Kelere	ences
3.	Architectural Significance: Original date of construction:
Signifi	cance:
No	APPARENT ARCHITECTURAL SIGNIFICANCE
Refere	ences
4.	Archaeological Significance:
No	NE
Refere	ences
5.	Palaeontological Significance:
NC	NE
Refere	ences

D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL ** RE CONSTRUCTION OF RECONSTRUCTION OF Alterations/Additions

1. Purpose of Application:	Damage/destruction/d/http://cn	V	Alterations/Additions	
Redecoration	Disfigured Written/drawn on		Excavation	
Exhumation	Inundation		Development	
Collection/Removal from original site	Trade/export (heritage objects)		Restricted use of equipment s40(5)	
Consolidation/Subdivision	Amendment of Plan		Other	

2. E	xisting Improvement	s made on s	site:			
A	MONAL S MOUSLY	TORAC	CE LEVEL	_ W7	S ADD	ED
3. D	etail the work commo	enced/carrie	d out			
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BUIL	DING COU	E TO I	LOOTING)	OT ((CMPL)	/
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Status of v	vork Commenced		Stopped		Completed	
Date com						
	2021		Date stopped		Completion date	JAN 2022
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	ONTACT DETAILS ONTRACTOR (the pe	rean who b	ae dono or whoi	II complet	a the month	
NAME	D SEVEN FRANCE				e tile work)	
	ADDRESS S	TTER		SIME	SON)	~ 1
	10	700K	JER ROA		CODE 36	2VN
TEL O	31 705 7	704	FAX/EMAIL	-		
CELL 082805551 QUALIFICATIONS CONTRACTOR						
REGISTR	ATION OF INDUSTRY	REGULAT	ORY BODY: MA	STER	BUILD	ERS
			tss. An		HBRC	

2. ARCHITECTURAL PROFESSIONAL	/ HERI	TAGE PRACTITIONER	
NAME WELLS NOODIG	S.		
POSTAL ADDRESS 73 EPNES	27-1	MHITCUTT RD	
COMESHILL	21	POST CODE 3610	
TEL COO COOL DID/		FAX/EMAIL 5610	
CELL 083 289 2176		PROFESSIONAL REG. NO. 6226	
Author's Drawing Nos.		6500	
SIGNATURE		DATE	
		30.06.2022	
3. OWNER OF PROPERTY (Owner or de	elegate	ed person to sign on the front of this form)	
STANCE M. J.	ou		
POSTAL ADDRESS			
ONE PIX		POST CODE	
TEL 031-304+141/4.		FAX/EMAIL gains a telkom. S.A. 1	166
		rson authorized to act on behalf of a company or institut	
NAME LAPRY ATTHEN			
TEL 0837820011	Į F	FAXIEMAIL any & plansaheard. Co	-14
		Train of Province of	. 700
The submission fee is payable to the Kw deposit/internet banking (EFT) and proof of pay USE STREET ADDRESS/FARM NAME or NUMBER AS REFERENCE ACCOUNT DETAILS: ABSA BANK: Branch: ULUNDI Bank Cod Account in the name of AMAFA AKWAZULU-Account No. 40-5935-6024	yment DEVE	must be submitted with the application. ELOPMENT/PROJECT_TITLE_OR_SAHRIS 330	
	ct deta vings to	ils of Interested and Affected Parties Consult be be signed by I & A P. See Guidelines) Fax	ed -
H. CHECKLIST OF SUPPORTING DO	OCUN	IENTATION (*see guidelines)	
APPLICATION FORM (COMPLETED & SIGN			/
MOTIVATION/INCEPTION REPORT			V
PHOTOGRAPHS*			V
ORIGINAL/PREVIOUS DRAWINGS/REPORTS			/
PLANS (\$2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*			/
1:50 000 MAP & SATELLITE AERIAL VIEW		KML FILE MAP	
PROOF OF PROFESSIONAL ACCREDITATION	ON (e.g	g. copy of accreditation card) SC 6336	1
APPOINTMENT LETTERS		CONSENT LETTER	

PAYMENT/PROOF OF PAYMENT