



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, KISIVA NAIDOO & DANESPARIE NAIDOO (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 PARK RYNIE Date 02 MAY 2023

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

Name of property:		Title Deed No.: T 016140/2013
Erf/Lot/Farm No: ERF 7 SAVILLETHORPE	Size: 2394 m ²	GPS Co-ordinates: 30° 19' 26.31 S 30° 44' 01.40" E
Street Address 100 ALLKINS DRIVE, PARK RYNIE		Suburb PARK RYNIE
Town/Local Municipality: UMDONI		District Municipality: UGU
Current zoning: RESIDENTIAL ONLY 3		Present use: DWELLING - HOUSE

C. SIGNIFICANCE:

1. Original date of construction/plan approval: PLAN APPROVAL - 1953
2. Historical Significance:
2 BEDROOM DWELLING. THE HISTORY OF THE PROPERTY IS UNKNOWN. NO HISTORICAL RECORDS ARE AVAILABLE FROM THE LOCAL AUTHORITY, AND THE CURRENT OWNERS PURCHASED THE PROPERTY IN 2013.
References

3. Architectural Significance:
* THE BUILDING IS OF BRICK CONSTRUCTION & GABLE ROOF WITH CORRUGATED ASBESTOS SHEETS.
* OVER THE YEARS MAINTENANCE WAS DONE AND EXTERNAL DOORS AND WINDOWS WERE UPGRADED ALUMINIUM BY THE PREVIOUS OWNER.
* THE EXISTING PORCH WAS ENCLOSED AT SOME POINT, THERE ARE NO RECORDS OF LOCAL AUTHORITY APPROVAL .
* THE LEAN TO ROOF OVER THE KITCHEN & PORCH WAS OMITTED DURING THE ORIGINAL CONSTRUCTION & A GABLE ROOF OVER.
References : ANNEXURE A

4. Urban Setting & Adjoining Properties:
* RESIDENTIAL PROPERTIES ADJOIN THE PROPERTY ON BOTH SIDES.
* A SUGAR CANE PLANTATION IS LOCATED AT THE REAR OF THE PROPERTY
* THE R102 BORDERS AT THE FRONT.
References :ANNEXURE B

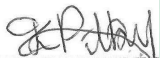
D. PROPOSED WORK

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

DEMOLITION				
CONDITION		HEALTH REASONS		OTHER
ALTERATION				
CONDITION	/	HEALTH REASONS		OTHER /
ADDITION				

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME KERSAVEN PILLAY	
POSTAL ADDRESS PO BOX 141 PARK RYNIE	
	POST CODE 4182
TEL	FAX/EMAIL
CELL 084 052 9687	SACAP REG. NO. PAD24750406
Author's Drawing Nos. 511/02-05-23 4 PAGE DRAWING	
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 02 MAY 2023

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

NAME KISIVA NAIDOO & DANESPARIE NAIDOO	
POSTAL ADDRESS PO BOX 10890 UMZINTO	
	POST CODE 4200
TEL 082 771 6290	FAX/EMAIL

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/EMAIL

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