



APPLICATION FORM H

Ref: _____

Date received _____

Application No _____

Application approved not approved

Date of permit/notification _____

Permit No _____

PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTIONS 38(1) AND (3), AND 39(1) AND (3)), FOR THE DAMAGE, ALTERATION, REDECORATION, REMOVAL, SUBDIVISION OR AMENDMENT OF ANY PLAN OF A HERITAGE LANDMARK, PROVINCIAL HERITAGE LANDMARK OR ANY SITE IN RESPECT OF WHICH A NOTICE HAS BEEN GIVEN OF THE INTENTION TO CONFER SUCH STATUS THEREON

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. The application form and other information pertaining to applications is also available on the Amafa website, www.heritagekzn.co.za under "Permits" – Application Form H (Heritage Landmarks)

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,

HILDA MARGDALENA GROBLER

(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 27 01 14 Date

(The owner of the property must fill in these details 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: 1 ERF 802 OF THE FARM DUIKER FOUNTAIN

Street Address: 56 CLARENDON ROAD

DURBAN NORTH

Local Municipality ETHEKWINI

District Municipality _____

GPS Co-ordinates _____

3. Current zoning SPECIAL RES 650 Present use DWELLING

4. Detail of Structures or improvements on site _____

MAIN HOUSE BUILT ± 1933

FIRST PLANS AVAILABLE 1946

ADJILLARY UNIT

C. SIGNIFICANCE:

1. Status of the Site:

Heritage Landmark	<u>NO</u>	Provincial Heritage Landmark		Listed on the Heritage Register	<u>NO</u>	Heritage Conservancy	<u>OVER 60 YEARS</u>
Provisionally Protected (notice issued)		<u>NO</u>	Government Gazette Notice of Protection				

2. Historical/Military Significance: NIL

References _____

3. Architectural Significance: NIL

References _____

4. Archaeological Significance: NIL

References _____

5. Palaeontological Significance: NIL

D. PROPOSED WORK

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

Damage		Alteration	✓	Redecoration	
Removal		Subdivision		Amendment of Site Plan	

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

REQUIRE GUEST ROOM. HOUSE COMPLETELY CHANGED. ALTERATIONS TO DATE APPROVED. NEW ROOF DUE TO LEAKING & DAMAGE. ADDITION WILL IMPROVE AESTHETICS. NEIGHBOUR HAS SEEN PLANS AND SIGNED SAME. HE HOPES TO IMPROVE HIS SIDE. DWD INCLOSED IS THE OLDEST AVAILABLE

1. Briefly Detail the alterations/additions/restorations proposed (a full report must be attached)

GUEST ROOM WITH BATHROOM TO BE BUILT ON TOP OF EXISTING GARAGE. BRICK & TILE STRUCTURE TO MATCH EXISTING.

E. CONTACT DETAILS

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

NAME		UNKNOWN	
POSTAL ADDRESS			
			POST CODE
TEL		FAX	
CELL		QUALIFICATIONS	
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. HERITAGE ARCHITECT/HERITAGE PRACTITIONER/CONSERVATOR

NAME <u>B. CULLINANE</u>	
POSTAL ADDRESS <u>P.O. Box 50468</u>	
<u>MUSGRAVE</u>	POST CODE <u>4062</u>
TEL <u>—</u>	FAX <u>—</u>
CELL <u>0832394863</u>	SACAP/ASAPA REG. NO. <u>1929</u>
Author's Drawing Nos. <u>5 / 2013</u>	
SIGNATURE <u>Bm Cullinan</u>	DATE <u>28.01.14</u>

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

NAME <u>HILDA M GROBLER</u>	
POSTAL ADDRESS <u>56 CLARENDON ROAD</u>	
<u>DURBAN NORTH</u>	POST CODE <u>4051</u>
TEL <u>0832361145</u>	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

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTIVATION/INCEPTION REPORT	<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 type="checkbox"/>	<input type="checkbox"/>
PAYMENT/PROOF OF PAYMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>