

APPLICATION FORM I


Ref: \_\_\_\_\_  
Date received \_\_\_\_\_  
Application No \_\_\_\_\_  
Application approved \_\_\_ not approved \_\_\_  
Date of permit/notification \_\_\_\_\_  
Permit No \_\_\_\_\_

APPLICATION IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT (4 OF 2008) FOR THE CONDONEMENT / APPROVAL / RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE OF, PROTECTED HERITAGE RESOURCES

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. Application forms are available on the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za) - "Permits" - Form I

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, JASHVANTLAL RANCHO D  
(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 10 - NOV 2016  
(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: THE SURAT HINDU ASSOCIATION Title Deed No. 1678/1913  
2. Erf/Lot/Farm No: ERF 11902 DURBAN  
Street Address: 127 BERTH MKHIZE STREET.

Local Municipality DURBAN  
 District Municipality DURBAN  
 GPS Co-ordinates \_\_\_\_\_  
 3. Current zoning GENERAL BUSINESS Present use G.B.  
 4. Detail of Structures or improvements on site \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. SIGNIFICANCE:**

**1. Status of the Site:**

Heritage Landmark	Provincial Heritage Landmark	Listed on the Heritage Register	Heritage Conservancy
Provisionally Protected (notice issued)	Generally protected structure	✓ Generally protected archaeological site	Generally protected grave or battlefield

Government Gazette Notice of Protection AS PER ATTACHMENT.

2. Historical/Military Significance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References \_\_\_\_\_

3. Architectural Significance: AS PER ATTACHMENT.

References \_\_\_\_\_

4. Archaeological Significance: AS PER ATTACHMENT.

References \_\_\_\_\_

5. Palaeontological Significance: AS PER ATTACHMENT.

References \_\_\_\_\_

**D. UNLAWFUL WORK**

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

Damage/Demolition		Alteration/Addition		Repair/Redecoration	✓
Removal from site		Subdivision		Amendment of Site Plan	

2. Date when the work was first commenced \_\_\_\_\_

3. Current Status of the Work (mark appropriate box)

Completed	✓	Stopped pending application outcome	Stopped prior to finalisation
Under way/continuing		Decommissioned and the site rehabilitated	Decommissioned and the site abandoned

4. Detail of the work (Provide full details on the nature and purpose of the work – use a separate sheet if necessary)

EX TRUCKS REFURBISHED & RETILED WITH NEW ROOF TILES
- AS PER AMATA REQUEST
EX TRUCKS WERE NOT SAFE

5. Motivation (Motivate the purpose of the work and why it was begun/completed unlawfully)

AS PER ATTACHMENT

**E. CONTACT DETAILS****1. CONTRACTOR (the person who will do the work)**

NAME		NONE	
POSTAL ADDRESS			
			POST CODE
TEL		FAX/ EMAIL	
CELL		QUALIFICATIONS	
REGISTRATION OF INDUSTRY REGULATORY BODY:			

**2. HERITAGE ARCHITECT/HERITAGE PRACTITIONER/CONSERVATOR**

NAME		RAJESH MAHADEV	
POSTAL ADDRESS			
THE SQUARE			POST CODE
TEL		FAX/ EMAIL	
031 5664424		rajesh@hardblack-architects.co.za	
CELL		SACAPI/ASAPA REG. NO.	
082 9593630		21980	
Author's Drawing Nos. A1-001			
SIGNATURE		DATE	
		2/11/16.	

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

NAME		— VRAJUV RANA	
POSTAL ADDRESS			
P.O. BOX 4096			POST CODE
			4021
TEL		FAX/ EMAIL	
031 8251027		surathindu@telkomsa.net	

**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		VRAJUV RANA	
TEL		FAX/ EMAIL	
084 2615037		surathindu@telkomsa.net	

**F. SUBMISSION FEE: R3500.00 (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

# Thank You!



Your transaction was successful

Payments From FNB Silver Cheque Account 62059030652  
02 Nov 2016

Not Categorised - New Recipient

Recipient	Ref	Amount	Reason
Amafa Akwazulu-natal	127 Berth Mkhize Str	R 3,500.00	Your payment was successful VODS5F8RJF8C
4059356024 - ABSA Bank	127 Berth Mkhize Str		
<b>Total</b>		<b>R3,500.00</b>	