



APPLICATION FORM A (STRUCTURES)

Ref: _____

Date received _____

Application No _____

Application approved not approved

Date of permit/notification _____

Permit No _____

**PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 33(1))
(A) FOR THE DEMOLITION, ALTERATION OR ADDITION TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS**

(Application form H must be used for alteration to structures permanently protected in terms of Section 37, 38, & 39 (Heritage Landmarks))

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. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED

ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amfa 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 MAKIBHA KHANDOOBHAI, DESAI, BHANA PARSOY M,
I, JEREM PARAKI, GOVIND MANJIVE, DOOLABH VIRA, VILLAGH NKRAN, NIKRAN GANAKH,
MAKATHE DAVAN, NIKRAN MIRAR
(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amfa aKwaZulu-Natali may issue the permit to me.

Signature [Handwritten Signatures]
Place UMHLVANGA. Date 4/08/16.

(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)

B. PROPERTY DESCRIPTION:

1. Name of property: SURAT HINDOO ASSOCIATION Title Deed No. 1678/1913

2. Erf/Lot/Farm No: ERF 11902

Street Address: 127 BERTH MKHIZE STREET

Local Municipality DURBAN - ETHEKWINI MUNICIPALITY

District Municipality " " "

3. Current zoning GENERAL BUSINESS present use G. B.

C. SIGNIFICANCE:

1. Original date of construction AS PER ATTACHMENT.

2. Historical Significance: _____

References _____

3. Architectural Significance: AS PER ATTACHMENT.

References _____

4. Urban Setting & Adjoining Properties: AS PER ATTACHMENT.

B.

C. D. PROPOSED WORK

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

2
2

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	
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ALTERATION

REDESIGN INTERIOR.

CONDITION		MAINTENANCE	X	OTHER	
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ADDITION

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

AS PER ATTACHMENT.

3. Detail the alterations/additions/restorations proposed (Briefly outline the proposal)

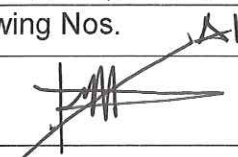
AS PER ATTACHMENT.

E. CONTACT DETAILS

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

NAME NOT APPOINTED CURRENTLY	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME RAJESH MAHADEO	
POSTAL ADDRESS P.O. BOX 4096	
THE SQUARE	POST CODE 4021
TEL 031 566 4424	FAX
CELL 082 959 3639	SACAP REG. NO. PRKRM 21980
Author's Drawing Nos. A1 - 001	
SIGNATURE 	DATE 4/08/16

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

NAME TERAM PARKA (TRUSTEE)	
POSTAL ADDRESS P.O. BOX 4096	
THE SQUARE	POST CODE 4021
TEL 081 566 4424	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 N/A.	
TEL	FAX

F. SUBMISSION FEE: R700.00 (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)	✓	
MOTIVATION	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS) - NUMBERED AND COLOURED	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION		✓
PAYMENT/PROOF OF PAYMENT	✓	