

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: Amata 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

1. Mrs. C. D. Francke

(Full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amata akwazulu-Natali may issue the permit to me.

Signature _____

[Handwritten 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)

B. PROPERTY DESCRIPTION:

1. Name of property: Erf 442 Durban
 2. Erf/Lot/Farm No: 43 Goodricke Rd
 Street Address: Morningside Durban
 Local Municipality: Ethekwini
 District Municipality: _____
 3. Current zoning: Residential Present use Dwelling
 Title Deed No. 13598/2011

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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ADDITION

CONDITION	<input type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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ALTERATION

CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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DEMOLITION

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

D. PROPOSED WORK

Style houses surrounding this property which is situated on 2 roadsides. Many of the surrounding properties have done alterations & additions of varying styles, in recent years.

4. Urban Setting & Adjoining Properties: There are many similar original

References

3. Architectural Significance: Typical Brea home that has been added onto over the past decades, but still a pleasing facade in keeping with the style.

References

2. Historical Significance: None that I am aware of.

1. Original date of construction: 1927

C. SIGNIFICANCE:

		PAYMENT/PROOF OF PAYMENT
		PROOF OF PUBLIC PARTICIPATION
		PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)
		PLANS (X2 SETS) - NUMBERED AND COLOURED
		ORIGINAL DRAWINGS
		PHOTOGRAPHS
		MOTIVATION
		APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)

H. CHECKLIST OF SUPPORTING DOCUMENTATION YES NO

Name _____ Telephone _____ Fax _____

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) N/A

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)
 The submission fee is payable to **Amata 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 **AMATA AKWAZULU-NATALI**
Account No. 40-5935-6024
 NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office

NAME	TEL	FAX
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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	POSTAL ADDRESS	POST CODE	TEL	FAX
Mrs. C. D. Francke	43 Goodricke Road	4001	082 578 2180	-

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

NAME	POSTAL ADDRESS	POST CODE	TEL	FAX	SACAP REG. NO.	Author's Drawing Nos.	SIGNATURE	DATE
F. C. Robinson	25 Berea Heights 706 Currie Road	4001	031 3121774	031 3120413	TO 768	2013/09/20 - 01		15/12/2013

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER