

**2. ARCHITECT**

NAME		LUKE CLINTON NAIDOO (LCN ARCHITECTURE)	
POSTAL ADDRESS 2 MARYVALE ROAD, WESTVILLE			
		POST CODE	3629
TEL	031 266 7447	FAX	086 620 6025
CELL	084 521 7642	SACAP REG. NO.	PR 20 580
Author's Drawing Nos. 1130_201			
SIGNATURE		DATE	

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

NAME		Dave Smith	
POSTAL ADDRESS 701 Currie Road			
		POST CODE	
TEL	082 413 5965	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		LC NAIDOO (LCN ARCHITECTURE)	
TEL	084 521 7642	FAX	086 620 6025

**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 **AMAFI 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)	Y	
✓ MOTIVATION	Y	
✓ PHOTOGRAPHS	Y	
✓ ORIGINAL DRAWINGS	Y	
PLANS (X2 SETS) - NUMBERED AND COLOURED	Y	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		N/A
PROOF OF PUBLIC PARTICIPATION		N/A
<b>PAYMENT/PROOF OF PAYMENT</b>	Y	