



SOUTH AFRICAN HERITAGE RESOURCES AGENCY
111 HARRINGTON STREET, CAPE TOWN, 8001
PO BOX 4537, CAPE TOWN, 8000
TEL. 021 462 4502 FAX 021 462 4509

FOR OFFICIAL USE ONLY:

File No.
Date received:
Date approved:
Applicant:
Site / Object:
Permit No.

**APPLICATION FOR PERMIT:
ARCHAEOLOGICAL AND PALAEOANTHROPOLOGICAL SITES AND METEORITES**

Please note: Permit Applications expire one year after the date of receipt.

In terms of Section 35 (4) of the National Heritage Resources Act, 1999 (Act No. 25 of 1999) no person may, without a permit issued by the relevant heritage resources authority, destroy, damage, excavate, alter, deface or otherwise disturb any archaeological or palaeontological site or material or any meteorite; or bring onto, or use at an archaeological or palaeontological site any excavation equipment or any equipment that assists in the detection or recovery of metals or archaeological and palaeontological material or objects, or use such equipment for the recovery of meteorites.

Other application forms are available for shipwrecks (303), heritage objects, export of archaeological and palaeontological material (304), burials (305), the built environment and landscape (307) or the registration of private collections (402).

Applicants are advised that without full details no permit may be issued.

A. APPLICANT'S DETAILS

- Name and address of applicant: JAYSON ORTON
UNIT C26, PRIME PARK, MOCKE ROAD
DIEP RIVER, 7800
Phone: (H) (W) 021 706 4104 (Cell) 083 272 3225
Fax: 086 603 7195 E-mail: JAYSON.ORTON@ACO-ASSOCIATES.COM
Identity number of applicant (or passport): 76 06 22 5224 085
- Academic qualifications of applicant:
MA (ARCHAEOLOGY)
- Previous relevant experience of applicant: EXTENSIVE PHASE 2 CRM WORK IN
WESTERN SOUTH AFRICA
- Name and address of a person who can serve as a reference, i.e. a qualified archaeologist, palaeontologist or geologist, as relevant: TIM HART
ADDRESS AS ABOVE
- Name and address of the South African scientific institution with which the applicant collaborates:
N/A.
- Name and address of the South African scientific institution that will curate the material recovered:
MCGREGOR MUSEUM, KIMBERLEY, P.O. BOX 316, KIMBERLEY, 8300

B. DETAILS OF SITE(S) OR OBJECT(S)

- Name(s) of site: THREE UNNAMED MSA ARTEFACT SCATTERS TO BE
NAMED ZBBA1, ZBBA2, ZBBA3 FOR EXCAVATION.

8. Nature of site or object(s) e.g. archaeological, palaeontological, meteorite* ARCHAEOLOGICAL
* Please supply a short description of the site, including, type and approximate date on a separate sheet of paper

9. Period, era, age or date of site or object(s) * MIDDLE STONE AGE

10. Geographical situation of site / object MARK POSITION OF SITE ON A PHOTOSTAT OF A 1:10 000 or 1:50 000 MAP.
Province: SEE ATTACHED DOCUMENT.
Magisterial district: | 50 000 Map number: (or SAN chart)
Latitude & Longitude: Recording method (GPS, Tng., Other):
Farm Name and No.: / Town:
Nearest Town: / Street address & Erf #:

11. If it is a national or provincial heritage site / object, the number and date of the notice in the *Government Gazette* n/a

C. PURPOSE OF APPLICATION

12. Purpose of and reasons for application*
.....
SEE ATTACHED DOCUMENT.
* PLEASE SUPPLY FULL MOTIVATION OR RESEARCH PROPOSAL

13. Nature of activity. Please circle the appropriate activities below
Destruction or Damage* for: Analysis / Dating / Restoration / Security / Other*
Excavation or disturbance*
Alteration*
Removal from original site*
Exhumation and re-interment*
Explore with a metal detector or other equipment**
Other (e.g. removal of graffiti at rock art site)*
Please supply extra details on a separate sheet of paper*.

14. Period for which permit is required. Permits are not normally issued for periods longer than three years:
From OCTOBER 2012 To SEPTEMBER 2015


15. Have you consulted the landowner about this project? Please supply documentation.

16. Institutional support (as relevant):

I, Head of
(South African Institution) where the applicant will be based while undertaking this project, hereby state that I support the application.
Signature: Date:

I, Head of
(Institution) hereby undertake to store in our institution the material and records from this project once completed.
Signature: Date:

I, JAYSON ORTON
undertake strictly to observe the terms, conditions, restrictions, regulations and guidelines under which the Council may issue the permit to me.

Signature:  Place: DIEP RIVER
Date: 4th OCTOBER 2012