



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-NATALI 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: 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, BR MILLER

(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 X

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: _____ Title Deed No. _____
2. Erf/Lot/Farm No: ERF 1162, ERF 1163 & ERF 1164 DURBAN NORTH
Street Address: 1 HARCOURT PLACE
DURBAN NORTH
Local Municipality ETHEKWINI
District Municipality ETHEKWINI
3. Current zoning S.R. 900 Present use DWELLING

C. SIGNIFICANCE:

1. Original date of construction: _____

2. Historical/Military Significance: NONE

References _____

3. Architectural Significance:

LARGE PROPERTY WITH SPANISH STYLED HOUSE.

References _____

4. Urban Setting & Adjoining Properties:

THE PROPERTY IS SITUATED IN A WELL ESTABLISHED SUBURB WITH FAIRLY LARGE PROPERTIES DRAWING FROM THE MIDDLE TO HIGHER INCOME BRACKETS. ALTHOUGH THE MAJORITY OF THE NEIGHBORING HOUSE ARE EDWARDIAN STYLE THERE ARE SOME HOUSES THAT VARY IN STYLE, AS THIS HOUSE DOES. THE STREETScape HAS WIDE GRASS VERGES AND TREES WITH EVERY RESIDENTIAL PROPERTY HAVING SECURITY BOUNDARY WALLS. THE PROPERTY ACROSS THE ROAD IS A SPORTS FACILITY.

D. PROPOSED WORK:

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

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	
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ALTERATION

CONDITION		HEALTH REASONS		OTHER	
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ADDITION

CONDITION	<input checked="" type="checkbox"/>	HEALTH REASONS		OTHER	
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2. Motivation for proposed work (Please motivate fully – on separate sheet if necessary)

THE SIZE & POSITION OF THE PROPERTY JUSTIFIES THE

ADDITION & IMPROVEMENT AND WILL BE SEEN AS A GOOD INVESTMENT IMPROVING THE VALUE OF THE PROPERTY & THE NEIGHBORING PROPERTIES AS WELL AS SUBURBS AS A WHOLE. THE PROPOSED AUXILIARY UNIT ACCOMMODATE THE SON. IT IS SEPARATE TO THE MAIN HOUSE IN THE CORNER ADJACENT TO THE SWIMMING POOL COMPLETE WITH ITS OWN SECURED LIVING SPACE & PRIVATE GARDEN AREA. DEVELOPING ON THE PRE OWNED PROPERTY AFFORDS THE SON TO TAKE OF HIS AGING PARENTS IN A SECURE ENVIRONMENT AT THE SAME MAINTAINING THEIR INDEPENDENCE.

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

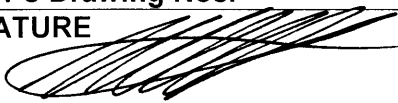
PROPOSED AUXILIARY UNIT
 PROPOSED BLOCK & PLASTER BOUNDARY WALL TO REPLACE THE DERELICT PRE-CAST BOUNDARY WALL.

E. CONTACT DETAILS

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

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME: IAN WHITAKER	
POSTAL ADDRESS: 8 UP THE HILL, SUNNINGDALE	
	POST CODE: 4051
TEL: 031-5620310	FAX: 0866-499-530
CELL: 083-303-8863	SACAPI/ASAPA REG. NO. D0783
Author's Drawing Nos.	
SIGNATURE 	DATE 10-8-2013

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

NAME: B. R. MILLER

POSTAL ADDRESS: <i>1 HARCOURT PLACE</i>	
<i>BROADWAY</i>	POST CODE: <i>4051</i>
TEL:	FAX

4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power of Attorney/proof of authorization to be attached)

NAME: <i>IAN WHITAKER</i>	
TEL: <i>031-5620310</i>	FAX: <i>0866-499-530</i>

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 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 & AP. See Guidelines)

Name _____

Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTIVATION/INCEPTION REPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHOTOGRAPHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORIGINAL DRAWINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLANS (X2 SETS)-NUMBERED AND COLOURED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAYMENT/PROOF OF PAYMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>