# DEVELOPMENT PERMIT FORM NID (Needs and desirability)

In terms of the KwaZulu Natal Heritage Act No. 4 of 2008 and the National Heritage Resources Act No.25 of 1999 (Section 38 (1)), a permit is required to carry out certain listed activities.

It is an offence in terms of section 34 of the KwaZulu Natal Heritage Act, to make false statement or fail to provide required information in this application.

ALL APPLICATION FORMS AND PROOF OF PAYMENT ARE TO BE FORWARDED TO: AMAFA KWAZULU NATAL, ARCHAEOLOGY DEPARTMENT, 195 LANGALIBALELE STREET, PIETERMARITZBURG, 3201/ BOX 2685 PIETERMARITZBURG 3200.

#### Kindly note that:

- The Audit process requires that hard copies of this and all subsequent documentation be submitted
- 2. Kindly note that with effect from 1<sup>st</sup> of April 2010 an application fee will be charged for Needs & Desirability applications and Permit applications. This fee may be reviewed annually.
- 3. Incomplete applications will not be processed.
- 4. All information filled in on this form will become public information on receipt by this department. Any interested and affected party can be provided with information contained in this application on request, during any stage of the application process.
- 5. One Printed Copy (not faxed) and one electronic copy is required to be submitted

#### SUBMISSION FEES

Regulations make provision for the agency to charge a submission fee. A administration fee of **R600.00** is payable to **Amafa aKwaZulu Natali** by postal order or bank deposit / EFT 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 Amafa, to be referenced **Applicants Name, Project, Date.** Eg Smith. Beach Sands1, 12/05/2011.

## **RESPONSE REQUIRED IN TERMS OF**

	OFFICE USE.
	AMAFA ID
	FILE REFERENCE
	EIA NUMBER (if applicable)
	DATE RECEIVED
	DATE ONSIDERED
	FILTER COMMITTEE RECOMMENDATION
	APPLICATION PAYMENT CONFIRMATION
ı	
APPLIC	CANTS DETAILS
Applica	nt Name any/institution/individual):
(Compa	arry/msulution/maividuarj.
Contac	t Person:
Telepho	one/Fax No.:
Email:	
DEVEL	OPMENT DETAILS
Project	Title:
Droiget	Description:
riojeci	Description.
Extent of	of Development Footprint (in m²):

## **RESPONSE REQUIRED IN TERMS OF**

BID		SCOPING (d)	SCOPING(f)	BAR	EMP	ROD				
Nature of Development: (please tick the appropriate box)										
1	Construction of a <b>road exceeding 300 m</b> in length									
2	Construction of a wall exceeding 300 m in length									
3	Construction of a power line exceeding 300 m in length									
4	Construction of a <b>pipeline or trench exceeding 300 m</b> in length									
5	Construction of a canal exceeding 300 m in length									
6	other similar form of linear development exceeding 300 m in length									
7	Construc	tion of a <b>bridge</b>	or similar struct	ure exceeding 5	<b>0 m</b> in length					
8		elopment <b>exceed</b> for in regulations		extent any other c	ategory of develo	pment				
9		tivity which will on the control of		racter of an are	a of land, or wa	ater				
10	Any development involving three or more existing erven or subdivisions thereof									
11	any development, or other activity involving three or more existing erven or subdivisions									
12	any development, or other activity involving three or more existing erven or subdivisions which have been consolidated within the past five years									
13	any development, or other activity the costs of which will exceed a sum set in terms of regulations									
14	Rezoning of a site exceeding 10 000 m <sup>2</sup>									
To your knowledge, will the Development impact on a heritage resource protected in terms of Sections 33,34,35,36, 37, 38, 39, 40, 41, 42, 43 of the KZN Heritage Act, or is the development located in the vicinity of any of the above. If yes, explain.										
Distri Metro	ct Municipa O	ality /								
Local	Municipal	lity								
Traditional authority (if applicable)										
Town	Town / Area									

## **RESPONSE REQUIRED IN TERMS OF**

	/ Description , Portion, Farm)							
Co-ordinates .		SOUTH	I (X)					
•	e either Decimal or	Decima	l Degrees					
DD MM	SS ss)	Or						
Decima	l eg 28,5075 S		s Minu	utes	Secor	nds	,	
	31, 23456 E	EAST (	Y)					
DDMMS	SSss 28.30 ' 45,12"							
		Or Degrees	s Minu	utes	Secor	nds	,	
1: 50 00	0 sheet							
1: 10 00 applicat	0 orthosheet (if ble)							
APPLICANT'S CHECKLIST				Υ	r	N		
	Completed & Signed	l Applicat	tion Forms					
Site Photographs						ī T		币
	1:50 000 Topographical / Aerial Photo Map						Ħ	
Payment/ Proof of Payment							Ħ	
Payment - postal order bank dep Internet banking/EFT:								
Declaration								
I, undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the Council of								
Amafa aKwaZulu-Natali may issue the permit.								
	Signature	<u> </u>	Place				٦	
	J							
	FR	1	Date					
				I			1	

NB:

APPLICATIONS SUBMITTED WITH INCOMPLETE FORMS WILL NOT BE CONSIDERED