

KWAZULU-NATAL

AMAFA AND RESEARCH INSTITUTE

THE KZN PROVINCIAL HERITAGE RESOURCES
AUTHORITY

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION IN TERMS OF SECTION 40(1) OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR A PERMIT TO DESTROY, DAMAGE, EXCAVATE, ALTER, WRITE OR DRAW UPON OR DISTURB A BATTLEFIELD SITE, ARCHAEOLOGICAL SITE, ROCK ART SITE, PALAEOANTHROPOLOGICAL SITE, HISTORICAL FORTIFICATION, METEORITE OR METEORITE IMPACT SITE

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
Form B or C must be used for destruction of graves. Form H must be used for sites permanently protected and included in the Heritage Register or the Schedule of Heritage Sites. Form H(a) must be used for applications for alterations to memorials. Form I must be used if work has commenced/ been completed without a permit.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Consult the attached guidelines before completing this form)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED.

A. DECLARATION BY OWNER

I, _____
(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE may issue the permit to me.

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:

Name of property: <i>Nietgedocht 1192</i>	Title Deed No.
Erf/Lot/Farm No:	GPS Co-ordinates <i>S28 57 35 E30 24 30</i>
Street Address:	
Local Municipality <i>Umvoti</i>	District Municipality <i>Umzinyathi</i>
Traditional Authority Area	
Current zoning	Present use <i>livestock ; wodd lot</i>

C. SIGNIFICANCE:

1. Status of the Site:

Battlefield site		Archaeological site	X	Rock Art Site		Palaeontological site	
Meteorite Site				Meteorite Impact Site			

2. Historical/Military Significance:
References
3. Archaeological Significance: See attached document
① Research ② Heritage
Maggs, T. & Michael, M. 1976. Ntshekane: an Early Iron Age site in the Tugela Basin, Natal. Ann. Natal Museum 22: 705-740
Whitelaw, G. 1997. Archaeological monuments in KwaZulu-Natal: a procedure for the identification of value. Nat. Mus. Journal of Humanities 9: 99-109
References
4. Rock Art significance:
References
5. Palaeontological Significance
References
6. Meteor Impact Significance
References

D. PROPOSED WORK

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

Destruction		Damage		Excavation		Alteration		Restoration	
Rehabilitation		Stabilisation		Adaptation		Tracing		Other	

2. Summary of Motivation for proposed work (A full report must accompany this application)

See attached document.

① To rescue eroding archaeological material from destruction

② To research Early Iron Age lifeways, interaction with other groups of people, settlement history

5. Summary of Details of the proposed work: (A full report must accompany this application)

See attached document.


The project involves the application of standard archaeological techniques.

E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work – other than the heritage practitioner)

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. HERITAGE PRACTITIONER/CONSERVATOR

NAME <i> Gavin Whitelaw </i>	
POSTAL ADDRESS <i> KwaZulu-Natal Museum, Pvt Bag 9070 </i>	
<i> Pietermaritzburg </i>	POST CODE <i> 3200 </i>
TEL <i> 033-3451404 </i>	FAX <i> 033-3450561 </i>
CELL <i> 0762708174 </i>	ASAPA REG. NO.
SIGNATURE 	DATE <i> 28/6/2019 </i>

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

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	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	
TEL	FAX

F. SUBMISSION FEE: R800.00 (subject to annual increment on the 1 April)

The submission fee is payable to the KwaZulu-Natal Amafa And Research Institute by bank deposit/internet banking (EFT) and proof of payment must be submitted with the application.

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330

Account in the name of **AMAFA AKWAZULU-NATALI**

Account No. 40-5935-6024

USE FARM/TRIBAL AUTHORITY AREA NAME AS REFERENCE

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

APPLICATION FORM (COMPLETED & SIGNED BY OWNER, DEVELOPER & CONSULTANT) SUBMITTED IN HARD COPY AND SCANNED AND UPLOADED TO SAHRIS	
MOTIVATION/REPORT	
SITE PHOTOGRAPHS/CASE IMAGES	
1:50 000 MAP & SATELLITE AERIAL VIEW	
KML FILE MAP	
SITE PLAN SHOWING ALL FEATURES & HERITAGE RESOURCES	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card/certificate)	
PROOF OF PUBLIC PARTICIPATION	
CONSENT LETTER FROM THE OWNER	
PROOF OF PAYMENT OF SUBMISSION FEE (EFT/BANK DEP/AMAFA CARD)	