# ANNEXURE A

## APPLICATION FOR A PERMIT

TO DESTROY, DAMAGE, DEFACE, EXCAVATE, ALTER OR REMOVE FROM ITS ORIGINAL POSITION, SUBDIVIDE OR CHANGE THE PLANNING STATUS OF A PROVINCIAL HERITAGE SITE, OR A PROVISIONALLY PROTECTED PLACE,

OR

ALTER OR DEMOLISH ANY STRUCTURE OR PART OF A STRUCTURE OLDER THAN 60 YEARS

PROTECTED IN TERMS OF THE NATIONAL HERITAGE RESOURCES ACT (ACT 25 OF 1999)

## FILL IN <u>ALL</u> SECTIONS RELATING TO YOUR APPLICATION

1.	DETAILS OF SITE, PLACE OR STRUCTURE					
1.1	Name of site: FIRST MATIONAL BANK BARBERTON					
1.1.1	Physical address of site: CNR OF CRUWN & MARKET STREET, BARBERTS					
1.2	Erf/Stand/Farm-name and number: ERF 3905 BARGERTON					
1.3 1.3.1.1	Type of site, place or structure (indicate by means of a cross in the appropriate space(s) below):  Provincial heritage site (previously a declared national monument in terms of the National Monuments Act, 1969) or a provisionally protected place (previously a provisionally declared national monument in terms of the National Monuments Act, 1969 (section 27)) or a provisionally protected heritage site in terms of Section 29 of the National Heritage Resources Act (1999). If so, attach a photocopy of the gazette notice or provide the following information (if known):					
1.3.1.1	· · · · · · · · · · · · · · · · · · ·					
1.3.1.2	Number of notice of declaration or provisional protection in the Government or Provincial Gazette					
1.3.1.3	Number of Government Gazette or Provincial Gazette					
1.3.1.4	Statement of significance in the Government Gazette or Provincial Gazette HISTORICAL SIGNIFICANCE (SITE)					
1.3.2	Structure older than 60 years (section 34)					
1.3.2	Please indicate if the property is in a Heritage Area (previously designated conservation area by the National Monuments Act, 1969) (section 31)					
1.4 1.4.1 1.4.2 1.4.3 1.4.4 1.4.5	Details of the title deed and diagram of the site place or structure:  Number of title deed: 1.22.10.1926  Date of title deed: .0.1011996					
1.5 1.6 1.7	Cadastral co-ordinates (if available)  Current use of property:  ANK  Magisterial district in which the site, place or structure is situated: PACETION					
	Planning authority in whose area of jurisdiction the site, place or structure is situated:  Name of planning authority  Postal address:  BARESTOLI  Postal code:  SO. O  Telephone area code: (013) Telephone number: 0:23-7/12 2-121. Pacsimile number: 013-7/12. 5120					

2.	NAME AND ADDRESS OF APPLICANT
2.1	Name: BEA BARNARD (FOR FIRST NATIONAL BANK) Address: A FIRST PLACE 12ND FLOOR, BANK CITY CAR JIMMONDS FRONTCHARD STREETS, DOHAMMEREURA CED
2.1	Address & FIRST PLACE, 2NN FLOOR BANK CITY CAR JIMMONDS
Z.Z	+ POIT HARD STREET TOHANDESQUES CEN
2.2	Postal code: 2000
2.3	Postal code:
<b>^</b> 4	
2.4	Contact numbers
2.4.1	Telephone area code: ( ) Telephone number (n):
2.4.2	Facsimile area code: ( ) Facsimile number (h)
2.4.3	Cellular phone number:
2.4.4	Cellular phone number: E-mail: EFarourd @ fvo. co. 29
2.5	Identity number of applicant:
	70710016008
2.6	Declaration: I, LEA BARMALD FOR FYB herewith declare
	that I intend to undertake to the actions as proposed in this application.
	1 - 1 - 1 - 1 - 1 - 1
	Signature: B Date: 10/7/2012
3.	REGISTERED OWNER OF PROPERTY: (if the applicant is not the registered owner of the property; or if
	the application is made on behalf of the registered owner, a power of attorney must be attached
	Tract Day Day Tally SE BUSIN
3.1	Name: PIRSI PAI/ONAL BANK OF JOUIN-PIPRICA.
3.2	Address: 2 FIRCT PLACE, 2ND FIDDR, BANK CITY COM
3,2	Name: FIRST PATIONAL BANK OF SOUTH-HERICA Address: 2 FIRST PLACE 2ND FLOOR, BANK CITS CON JAMMONDS & FRITCHARD SINGER
3.3	Postal code: 20.0.2
5.5	1 Ostal Code av
3.4	Contact numbers $+ (AAD)$
	Contact numbers  Telephone area code: ( ) Telephone number (h):
3.4.1	Telephone area code; ( ) Telephone number (n).
3.4.2	Facsimile area code: ( ) Facsimile number (h)
3.4.3	Cellular phone number: E-mail: Element @ flb. 60 * 2a
3.4.4	E-mail:
2.5	Identity number of registered owner Company REGH 1929/01225/06
3.5	identity number of registered owner
3.6	Declaration: I, SEA BACKARD am fully aware of this
3.0	application and accept its contents.
	Owner Signature: Date: Date:
4.	NAME AND ADDRESS OF PRIMARY RESPONSIBLE AGENT (Archifect/Designer/etc.)
4.	1
4.1	Name: ANTONIO BEDZ FERDANDEZ
4.1	Address I-SLE OF HOWELTON, SNR BOUNDARY CARSE O SOURIE HOUSHTON, JOHANNESBURG
4.2	Address-Line (Claritical)
	TIOSTICIOS DECIMENDADOS ESTAS
4.3	Postal code: 201
4.4	Contact numbers
4.4.1	Telephone area code; (O(1)) Telephone number (h): Telephone number (w)
4.4.2	Facsimile area code: (OI) Facsimile number (h)
4.4.3	Telephone area code: (O() ) Telephone number (h):  Facsimile area code: (O() ) Facsimile number (h).  Cellular phone number: O. 8.3.66.0.69.3  E-mail: 6.5.60.0.75.55.
4.4.4	E-mail: 45.60 dotl: 40/24.
	/ せんこうりだいかつ k つ
4.5	Identity number pr primary responsible agent 680530503783
4.6	Oualifications and/or relevant experience of primary responsible agent: Courte and Court
4.7	Will this agent oversee the action to completion?
	Will this agent oversee the action to completion?  Yes/No.  If not, who will then be responsible to oversee the completion of the proposed action?
	1 > 00
4.8	Declaration: 1, A-1570NO BLOZ FERNANDEC herewith declare
	that I will be responsible for the proposed actions in accordance with the proposals in this application.
	Signature: Date: 105/07/17

5.	PROPOSED TYPE OF ACTION	(indicate by means of a c	ross in the appropriate	block(s) below):				
5.1	Type of work: Destroy, damage, deface, excavate, alter or remove from its original position:							
5.1.1	Total Demolition							
5.1.2	Partial Demolition							
5.1.3	Additions to existing structures							
5.1.4	New buildings							
5.1.5	Restoration							
5.1.6	\( \text{Alteration} \)							
5.1.7	Excavation							
5.1.8	Landscaping							
5.1.9	Remove from its original or current position							
5.1.10	Subdivide or change planning status	: Consolidation	Subdivision	Rezoning				
5.1.11	Re-application for permit	Date of previous pe	rmit: (dd/mm/yy); ,	-				
	•							
5.2	Approximate cost of proposed action	/Tender price:	~	10.0				
5.3	Period for which permit is requested From	(maximum three years	)/ Duration of propo ) ー しる	sed action:				
<ol> <li>7.</li> </ol>	DETAIL OF THE ACTION PROPOSED (Provide a short description of the proposed action which must be supported by the documentation provided as specified in 7 and 9 hereunder)  DRAWING REFERENCE NUMBERS AND DATES (Please list all drawing reference numbers, including revision numbers, and the dates of the drawings.)							
	Drawing reference Date of number	drawing Ve	rsion	Title of drawing				
8.	MOTIVATION FOR PROPOSED ACTION (Motivate fully, with reference to conservation policy and/or principles, where appropriate. This space may also be used for additional details required above.)  CONSULTATION  CONSULTATION							
9.		used for additional detail	s required above.)	EFORT				
9. 9.1		used for additional detail	s required above.)	EFORT				
	CONSULTATION	e used for additional detail arties in the manageme bodies when application erms of section 25(1) I any of your local con the impact of the intend	nt of our heritage resons are received foof the National Heritage resons are bounded by the servation bodies reservation between	sources. MPHRA is responsible for r particular geographical areas or itage Resources Act, 1999. Please egarding your proposal and submit				
	Conservation bodies  Conservation bodies  Conservation bodies are interested prinforming registered conservation to categories of heritage resources in tindicate whether you have consulted any comments they might have on the consultation of the c	e used for additional detail arties in the manageme loodies when application erms of section 25(1) I any of your local con the impact of the intend application.	nt of our heritage resons are received foof the National Heritage resorted actions on the collections on the collections on the collections on the collections.	sources. MPHRA is responsible for r particular geographical areas or itage Resources Act, 1999. Please garding your proposal and submit ultural significance of the heritage				

## 9.3 Archaeological and/or palaeontological expertise

Have you consulted an archaeologist or palaeontologist with regard to the impact of the proposed actions on the heritage values of the site? If so, provide a copy of the written report.

#### 10. DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- 10.1 ONE SET OF COLOURED-UP DRAWINGS to be retained for record purposes by MHRA.
- 10.2 ANY FURTHER SETS OF RELEVANT DRAWINGS that will be returned to the applicant (usually the local authority and owner require their own stamped set of drawings) and will be stamped if approved by MHRA.
- 10.3 LOCALITY PLAN showing where the site is.
- 10.4 SITE PLAN showing the layout of the property including trees and landscape features.
- 10.5 PHOTOGRAPHS, VIDEOS OR OTHER VISUAL AIDS of the site, place or structure in its present form and in context. Where appropriate, please include photographs, videos or other visual aids of the interior of the structure that will be affected by the proposed action. Please provide captions and dates to all photographs. If a model is submitted, please provide photographs of the model for MHRA records.
- 10.6 A HISTORICAL BACKGROUND to the site, place or structure.
- 10.7 A MOTIVATION for the proposed action/s (paragraph 8).
- 10.8 COMMENTS OF CONSERVATION BODIES if consulted.
- 10.9 IMPACT ASSESSMENT REPORT BY AN ARCHAEOLOGIST, if relevant.
- 10.10 COMMENTS OF REGISTERED OWNERS OF ADJOINING PROPERTIES if relevant.
- 10.11 DETAILS AND OUTCOME OF ANY PREVIOUS SUBMISSIONS MADE TO ANY OTHER AUTHORITY (the former National Monuments Council (NMC), SAHRA, etc.) in respect of this application
- 10.12 ANY ADDITIONAL PERTINENT INFORMATION regarding the site, place or structure that you believe will assist MHRA to consider your application

#### 11. PLEASE NOTE

- Unless the applicant and the registered owner sign the application form, if these are not the same person, it will not be processed by MHRA.
- Applications are considered to be public documents and are open to public scrutiny. Should you wish your application to be kept confidential, please motivate your request on a separate sheet. Cases in which confidentiality is granted will be limited to one year (12 months).

When completed, please return this form to: The Secretariat MHRA Permit Committee Private Bag X11316 NELSPRUIT 1200

1<sup>st</sup> & 2<sup>nd</sup> Floor, Building 7 Government Boulevard Riverside Park Ext 2 Nelspruit 1200

Telephone: 013 766 5196/5231

Fax: 013 766 8256