

KWAZULU-NATAL**APPLICATION FORM A****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 37(1)(a) OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018,) FOR A PERMIT TO DEMOLISH, ALTER OR ADD TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS


THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
 Application Form H must be used for alteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). 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 (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, 195 LANGALIBALELE STREET, PIETERMARITZBURG, 3201 OR BOX 2685 PIETERMARITZBURG 3200. Alternatively, email all documents to beadmin@amafapmb.co.za

A. DECLARATION BY OWNERI, MAX BEGA

(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 DURBAN Date 25/08/2021

(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: VACANT RESIDENTIAL	Title Deed No. T00008761/2019
Erf/Lot/Farm No: REM OF ERF 2258 DURBAN	GPS Co-ordinates:
Street Address: 70 STEPHEN DLAMINI ROAD, MUSGRAVE, DURBAN, 4001	
Local Municipality DURBAN CENTRAL	District Municipality ETHEKWINI
Current zoning GENERAL RESIDENTIAL 2	Present use VACANT

C. SIGNIFICANCE:

1.	Original date of construction	1925
2.	Historical Significance:	
References		

3.	Architectural Significance:
SEE ATTACHED REPORT	
References	

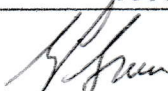
4.	Urban Setting & Adjoining Properties:
References	

D. PROPOSED WORK

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

DEMOLITION				
CONDITION	<input checked="" type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER
ALTERATION				
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER
ADDITION				
CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME GRAHAM BRAUM	
POSTAL ADDRESS 360 UMBILO ROAD	
DURBAN	POST CODE 4001
TEL 031 205 4142	FAX/EMAIL
CELL 082 454 0441	SACAP REG. NO. ST0010
Author's Drawing Nos. 6653/21/1 & 2	
SIGNATURE 	DATE 31-8-21

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

NAME MORMUR 1011 (PTY) LTD	
POSTAL ADDRESS 70 STEPHEN DLAMINI ROAD	
MUSGRAVE, DURBAN	POST CODE 4001
TEL 083 777 1886	FAX/EMAIL

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/EMAIL

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 **AMAFI AKWAZULU-NATALI**

Account No. 40-5935-6024

USE STREET ADDRESS/FARM 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 (*ref to guidelines) YES NO

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION		
PHOTOGRAPHS*		
ORIGINAL DRAWINGS		
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)		