

**KWAZULU-NATAL**

**AMAFA AND RESEARCH INSTITUTE**

THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY



**APPLICATION FORM I**

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

**APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR THE CONDONATION/ APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both generally and specially protected heritage resources).**

This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za).

**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)**

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, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED, THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION.**

**A. DECLARATION BY OWNER**

I, DAVID ANTHONY DRAPER

(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 written approval of the work to me.

Signature [Signature]

Place DURBAN Date 17/9/2020

(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>B. PROPERTY DESCRIPTION:</b>		Title Deed No. <u>T 17-21 992</u>
Name of property/Project title: <u>DEVIATIONS TO APPROVED PLAN 184 - 05 - 18</u>		
Erf/Lot/Farm No: <u>PTN 73 OF ERF 958 DURBAN NORTH</u>	GPS Co-ordinates	
Street Address: <u>31 WINDSOR DRIVE DURBAN NORTH, 4051</u>		
Local Municipality <u>DURBAN CENTRAL</u>	District Municipality <u>ETHEKWINI</u>	
Current zoning <u>SR 2.</u>	Traditional Authority Area <u>MUNICIPALITY</u>	
	Present use <u>VACANT</u>	

**C. HERITAGE SIGNIFICANCE:** (complete sections appropriate to site)

**1. Status of Heritage Resources on the Site:**

<b>Permanent Protection:</b>	Heritage Landmark/ Provincial HL		Listed on the Heritage Register		Provisionally Protected (notice issued)		Site in a Protected Area
<b>Generally Protected site containing:</b>	Structures 60 years +	✓	Graves		Archaeological site Battlefield or rock art		Palaeontological material Meteor impact site

**2. Historical/Military Significance:**

References

**3. Architectural Significance:**

Original date of construction: **1931**

Significance: THE BUILDING CONSISTED OF BRICK AND TILE AND A HIPPED ROOF. THIS APPEARED TO BE A STANDARD DESIGN WHEREBY MULTIPLE ALTERATIONS HAVE TAKEN PLACE BEFORE THE BUILDING TURNED 60 YEARS OLD THEREFORE ANY PHYSICAL ARCHITECTURAL FEATURE HAD BEEN LOST WITH THE ALTERATIONS.
References

**4. Archaeological Significance:**

References

**5. Palaeontological Significance:**

References

**D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL**

<b>1. Purpose of Application:</b>	Damage/destruction/demolition		Alterations/Additions
Redecoration	Disfigured	Written/drawn on	Excavation
Exhumation	Inundation		Development
Collection/Removal from original site	Trade/export (heritage objects)		Restricted use of equipment s40(5)
Consolidation/Subdivision	Amendment of Plan	✓	Other

2. Existing Improvements made on site:

ALTERATIONS, ADDITIONS AND NEW BOUNDARY WALL

3. Detail the work commenced/carried out

CONVERT EXISTING DWELING TO NEW GUEST HOUSE.

4. Motivation for work (Please motivate fully why work was commenced without approval)

DEVIATIONS TO APPROVED PLAN 184-05-18. MINOR DEVIATIONS WERE CARRIED OUT WHILE BUILDING WAS UNDER CONSTRUCTION CONSISTING OF A CHANGE IN THE ROOF PITCH TO THE GARAGE TO CREATE A COVERED WALKWAY FROM THE BOUNDARY TO THE BUILDING. ADDITIONAL WINDOW TO THE GARAGE AND REPLACE BOUNDARY PC FENCE WITH A NEW BRICK WALL PLASTERED AND PAINTED.


Status of work	Commenced		Stopped		Completed	✓
Date commenced			Date stopped		Completion date	JULY 20

**E. CONTACT DETAILS**

1. CONTRACTOR (the person who has done or who will complete the work)

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

**2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER**

NAME <b>GRAHAM BRAUM</b>	
POSTAL ADDRESS <b>360 Umbino Road</b>	
<b>DURBAN</b>	POST CODE <b>4001</b>
TEL <b>031 205 4142</b>	FAX/EMAIL
CELL <b>082 454 0441</b>	PROFESSIONAL REG. NO. <b>ST0010</b>
Author's Drawing Nos. <b>6585 / 19</b>	
SIGNATURE 	DATE <b>18.9.20</b>

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

NAME <b>KYLE - TANIYA FAMILY TRUST c/o DAVE DRAPER</b>	
POSTAL ADDRESS <b>17 CHARTWELL DRIVE</b>	
<b>ASSAGAY</b>	POST CODE <b>3610.</b>
TEL <b>083 786 1559</b>	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: R4000.00** (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.

USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE

**ACCOUNT DETAILS:**

**ABSA BANK: Branch: ULUNDI Bank Code: 630330**

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

**Account No. 40-5935-6024**

**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** (\*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)	
MOTIVATION/INCEPTION REPORT	
PHOTOGRAPHS*	
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	
PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*	
1:50 000 MAP & SATELLITE AERIAL VIEW	KML FILE MAP
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	
APPOINTMENT LETTERS	CONSENT LETTER
PAYMENT/PROOF OF PAYMENT	