



APPLICATION FORM A (STRUCTURES)

Ref: _____
 Date received _____
 Application No _____
 Application approved ___ not approved ___
 Date of permit/notification _____
 Permit No _____

PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 33(1)(A) FOR THE DEMOLITION, ALTERATION OR ADDITION TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

(Application form H must be used for alteration to structures permanently protected in terms of Section 37, 38, & 39 (Heritage Landmarks))

PLEASE NOTE

IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Detach and 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, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa aKwaZulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)

A. DECLARATION BY OWNER

I, ALAN PUGH-JONES JADINE KAREN PUGH-JONES

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature

Place DURBAN Date _____

(The owner of the property must fill in these details and sign this document and any plans or other documents submitted in support of this application)

B. PROPERTY DESCRIPTION:

1. Name of property: _____ Title Deed No. 703872/2312

2. Erf/Lot/Farm No: ERF 2880 DURBAN

Street Address: 40 STIRLING CRESCENT

Local Municipality eTHEKWINI

District Municipality _____

3. Current zoning _____ Present use _____

C. SIGNIFICANCE:

1. Original date of construction 1948
2. Historical Significance: NIL

References _____

3. Architectural Significance: THIS HOUSE HAS BEEN ALTERED MANY TIMES WITH APPROVAL. THE ALTERATIONS ARE TOTALLY IN KEEPING WITH STYLE. THIS HOUSE IS VERY ATTRACTIVE.

References _____

4. Urban Setting & Adjoining Properties: THE TWO HOUSES ON EITHER SIDE. THEY ARE OLD HOUSES AND VERY SIMILAR TO MANY HOUSES IN DURBAN NORTH, AND HAVE NO ARCHITECTURAL APPEAL.

D. PROPOSED WORK

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

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	
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ALTERATION

CONDITION		MAINTENANCE	<input checked="" type="checkbox"/>	OTHER	
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ADDITION

EXTENSION	<input checked="" type="checkbox"/>	CHANGED USE		OTHER	
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

THE MAIN BEDROOM HAS BEEN MOVED OUT TO GIVE ROOM AT THE BACK FOR A NEW BATHROOM, BEDROOMS 2 & 3 TO ALLOW FOR EACH ROOM TO BE APPROX. THE SAME SIZE FOR EACH CHILD, ONLY BEDROOM 2 HAS A ROOF EXTENSION WHICH IS THE SAME AS EXISTING.

1. Detail the alterations/additions/restorations proposed (Briefly outline the proposal)

THE ALTERATIONS AND ADDITIONS WILL NOT AFFECT THE AESTHETICS OF THE HOUSE AS THEY ARE THE SAME AS EXISTING. THE BOUNDARY WALL IS TO BE MADE HIGHER FOR SECURITY AS THEY FACE AN OPEN AREA ON THAT SIDE AND ALSO TO GIVE PRIVACY TO POOL AREA.

E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work)

NAME		NOT APPOINTED AS HOUSE IS SOLD	
POSTAL ADDRESS			
			POST CODE
TEL	FAX		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME		B. CULLINANE	
POSTAL ADDRESS		P.O. Box 50468	
		MUSGRAVE	POST CODE 4062
TEL	FAX		
CELL 0832394863	SACAP REG. NO. 1929		
Author's Drawing Nos. 04 2013			
SIGNATURE		DATE	
Bm. Cullinane		24.04.2013	

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

NAME		ALAN PUGH-JONES JANINE KAREN PUGH-JONES	
POSTAL ADDRESS		40 STIRLING CRESCENT	
		POST CODE 4051	
TEL 0836294459/0836313975	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: R600.00 (subject to annual increment on the 1 April)

The submission fee is payable to **Amafa aKwaZulu-Natali** by cheque or bank deposit/internet banking 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 our office

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

YES NO

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
MOTIVATION	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS) - NUMBERED AND COLOURED	—	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	—✓	
PROOF OF PUBLIC PARTICIPATION	—	
PAYMENT/PROOF OF PAYMENT	✓	