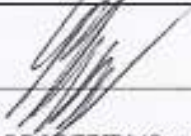


2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME MARIAN BLACK	
POSTAL ADDRESS 27 LADY BRUCE PLACE	
MORNING SIDE	POST CODE 4001
TEL 031-2089382	FAX 031-2098440
CELL 0824433278	SACAP REG. NO T0076
Author's Drawing Nos. 13 / 0081W Rev. B.	
SIGNATURE 	DATE 15.04.2013.

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

NAME PAUL & CLAIRE NEL	
POSTAL ADDRESS 6 STIRLING CRESCENT	
DORBAN NORTH	POST CODE 4001
TEL 031-2089382	FAX 031-2098440

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 **AMAFU 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	✓	