

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 ALL SECTIONS RELATING TO YOUR APPLICATION

1. DETAILS OF SITE, PLACE OR STRUCTURE

- 1.1 Name of site:
- 1.1.1 Physical address of site: 41 JORDAAN ST, CAPE TOWN
- 1.2 Erf/Stand/Farm name and number: 9676
- 1.3 Type of site, place or structure (indicate by means of a cross in the appropriate space(s) below):
- 1.3.1 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 Date of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette*: (dd/mm/yy)
- 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*
- 1.3.2 Structure older than 60 years (section 34)
- 1.3.3 Please indicate if the property is in a Heritage Area (previously designated conservation area by the National Monuments Act, 1969) (section 31)
- 1.4 Details of the title deed and diagram of the site, place or structure:
- 1.4.1 Number of title deed: T21248
- 1.4.2 Date of title deed: 16 FEB 1983
- 1.4.3 Number of Surveyor-General Diagram, where applicable: 7205/74
- 1.4.4 Date of Surveyor-General Diagram, where applicable: 17-3-1975
- 1.4.5 Registered servitude against title deed declaring the site a provincial heritage site or provisionally protected place, where applicable:
- 1.5 Cadastral co-ordinates (if available)
- 1.6 Current use of property:
- 1.7 Magisterial district in which the site, place or structure is situated:
- 1.8 Planning authority in whose area of jurisdiction the site, place or structure is situated:
- 1.8.1 Name of planning authority: CITY OF CAPE TOWN HWC
- 1.8.2 Postal address:
- 1.8.3 Postal code:
- 1.8.4 Telephone area code: () Telephone number: Facsimile number:

2. NAME AND ADDRESS OF APPLICANT

2.1 Name: RENNIE SCURR ADENDORFF ARCHITECTS
2.2 Address: P.O. BOX 16390
VLAEBERG
2.3 Postal code: 8018

2.4 Contact numbers
2.4.1 Telephone area code: (021) Telephone number (h): Telephone number (w): 4230328
2.4.2 Facsimile area code: (021) Facsimile number (h): Facsimile number (w): 4249396
2.4.3 Cellular phone number: 084 555 0853
2.4.4 E-mail: marzuki@archrsa.com

2.5 Identity number of applicant: 630731 5043 086

2.6 Declaration: I, MARK SCURR herewith declare that I intend to undertake the actions as proposed in this application.

Signature: [Signature] Date: 1/8/2013

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)

3.1 Name: A. RASDIEN
3.2 Address: 47 SANDOWN RD
RONDORSTRAAT
3.3 Postal code: 7700

3.4 Contact numbers
3.4.1 Telephone area code: (021) Telephone number (h): 6891499 Telephone number (w):
3.4.2 Facsimile area code: () Facsimile number (h): Facsimile number (w):
3.4.3 Cellular phone number:
3.4.4 E-mail:

3.5 Identity number of registered owner: 350420 0083 085

3.6 Declaration: I, AYGHA RASDIEN am fully aware of this application and accept its contents.

Owner Signature: A. Rasdien Date: 26/07/2013

4. NAME AND ADDRESS OF PRIMARY RESPONSIBLE AGENT (Architect/Designer/etc.)

4.1 Name: RENNIE SCURR ADENDORFF
4.2 Address: P.O. BOX 16390
VLAEBERG
4.3 Postal code: 8018

4.4 Contact numbers
4.4.1 Telephone area code: () Telephone number (h): Telephone number (w): 4230328
4.4.2 Facsimile area code: () Facsimile number (h): Facsimile number (w): 4249396
4.4.3 Cellular phone number: 084 555 0853
4.4.4 E-mail:

4.5 Identity number of primary responsible agent: 630731 5043 086

4.6 Qualifications and/or relevant experience of primary responsible agent:

4.7 Will this agent oversee the action to completion? CLIENT Yes (No)

If not, who will then be responsible to oversee the completion of the proposed action?

4.8 Declaration: I, M. SCURR herewith declare that I will be responsible for the proposed actions in accordance with the proposals in this application.

Signature: [Signature] Date: 1/8/2013

5. **PROPOSED TYPE OF ACTION** (indicate by means of a cross 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 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 permit: (dd/mm/yy):
- 5.2 Approximate cost of proposed action/Tender price: *1.2 million*
- 5.3 Period for which permit is requested (maximum three years)/ Duration of proposed action:
 From *26-07-2013* To: *26-07-2016*

6. **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)

7. **DRAWING REFERENCE NUMBERS AND DATES** (Please list all drawing reference numbers, including revision numbers, and the dates of the drawings.)

Drawing reference number	Date of drawing	Version	Title of drawing
<i>01311- C-1001</i>	<i>23-7-2013</i>	<i>—</i>	<i>COUNCIL SUB: PLAN, SEC 9 ELEV</i>

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.)

9. **CONSULTATION**

9.1 **Conservation bodies**

Conservation bodies are interested parties in the management of our heritage resources. Heritage Western Cape is responsible for informing registered conservation bodies when applications are received for particular geographical areas or categories of heritage resources in terms of section 25(1) of the National Heritage Resources Act, 1999. Please indicate whether you have consulted any of your local conservation bodies regarding your proposal and submit any comments they might have on the impact of the intended actions on the cultural significance of the heritage resource to Heritage Western Cape as part of your application.

The following conservation bodies have been contacted, and their comments are attached

Name of registered conservation body	Contact details	Written comments on the proposed action attached

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 Heritage Western Cape.
- 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 Heritage Western Cape.
- 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 Heritage Western Cape 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 Heritage Western Cape to consider your application

11. PLEASE NOTE

- 11.1 Unless the applicant and the registered owner sign the application form, if these are not the same person, it will not be processed by Heritage Western Cape.
- 11.2 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
Heritage Western Cape Permit Committee
Private Bag X9067
CAPE TOWN
8000

Telephone: 021 483 9693 or 021 483 9695
Fax: 021 483 9842