



## APPLICATION FORM A (STRUCTURES)

Ref: \_\_\_\_\_  
Date received 28/06/2013  
Application No 13/130  
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-NATALI 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, WAYNE BROMFIELD

(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 [Signature]

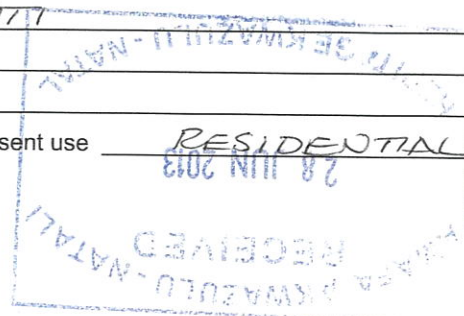
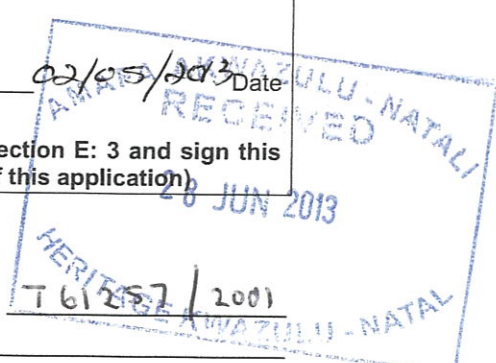
Place AMANZIMTOTTI

02/05/2013 Date

(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:

1. Name of property: MCS TRUST Title Deed No. T 61257/2001  
2. Erf/Lot/Farm No: ERF 303 AMANZIMTOTTI  
Street Address: 16 RIDGE ROAD  
AMANZIMTOTTI  
Local Municipality ETHEKWINI  
District Municipality \_\_\_\_\_  
3. Current zoning G-B-1 Present use RESIDENTIAL



15

**C. SIGNIFICANCE:**

1. Original date of construction PLANS APP. 2/12/1947

2. Historical Significance: NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References N/A

3. Architectural Significance: NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References N/A

4. Urban Setting & Adjoining Properties: \_\_\_\_\_

PLEASE REFER PAGE 14 AS NOTED ON  
SITE PLAN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. PROPOSED WORK**

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

**DEMOLITION**

CONDITION	<input type="checkbox"/>	HEALTH REASONS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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**ALTERATION**

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

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

THE OWNER REQUIRES THE PROPOSED ADDITIONS & ALTERATIONS i.e THE UPPER GROUND LEVEL KITCHEN AND MEZZANINE AND THE EXTENSION TO EXISTING, LOWER GROUND LEVEL i.e. STUDY EXTENSION, GUEST SUITE, WINE CELLAR AND ENCLOSED RECREATIONAL PATIO TO THE NEW POOL AREA, DUE TO THE NEEDS OF HIS FAMILY'S LIFESTYLE. THE EX ROOF & FLOOR TIMBERS ARE TO BE REPLACED, DUE TO BORER DAMAGE, WITH PROPOSED NEW ROOF TIMBERS & CONCRETE FLOOR, RESPECTIVELY.

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

1. PROPOSED NEW ROOF TIMBERS & G.M.S. PAINTED ROOF SHEETING, (VICTORIAN PROFILE) TO ENTIRE HOUSE.

2. THE OWNER CHOOSES TO HAVE A LIGHT AIRY AMBIANCE TO THE HOUSE BY USING OPEN TRUSSES PAINTED WHITE. ISOBOARD TO U/S ROOF. INTERIOR DOORS TO BE FRENCH (SMALL PANE) PAINTED WHITE, EXTERIOR DOORS & WINDOWS TO BE ALUM. WHITE EPOXY COATED. EXTERIOR WALLS PLASTER & GREY PAINT. LOWER GROUND LEVEL TO BE EXCAVATED TO NEW RETAINING WALLS AS SHOWN ON PLAN

E. CONTACT DETAILS

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

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





2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <b>J. CHARLES</b>	
POSTAL ADDRESS <b>PLAN-TEC, 12 STOCKDALE ROAD</b>	
<b>WINKLESPRUIT</b>	POST CODE <b>4126</b>
TEL <b>031 9162357</b>	FAX <b>031 9162357</b>
CELL <b>083 7879301</b>	SACAP REG. NO. <b>STO 223</b>
Author's Drawing Nos. <b>1-13</b>	<i>email - judyplantec@gmail.com</i>
SIGNATURE <i>Charles.</i>	DATE <b>02/05/2013</b>

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

NAME <b>W. BROMFIELD</b>	
POSTAL ADDRESS <b>16 RIDGE ROAD</b>	
<b>AMANDLIMTON</b>	POST CODE <b>4125</b>
TEL	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 <b>N/A</b>	
TEL <b>031 903 1395</b>	FAX <i>email: wayne@impactenergy.co.za</i>
CELL <b>083 630 5393</b>	

**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)

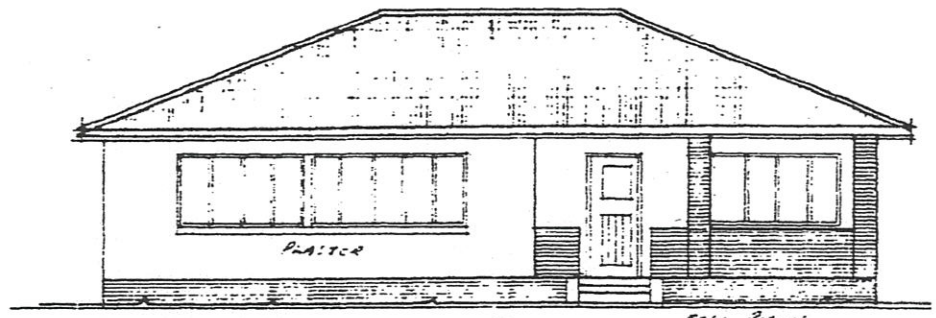
Name **N/A**  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**H. CHECKLIST OF SUPPORTING DOCUMENTATION** YES NO

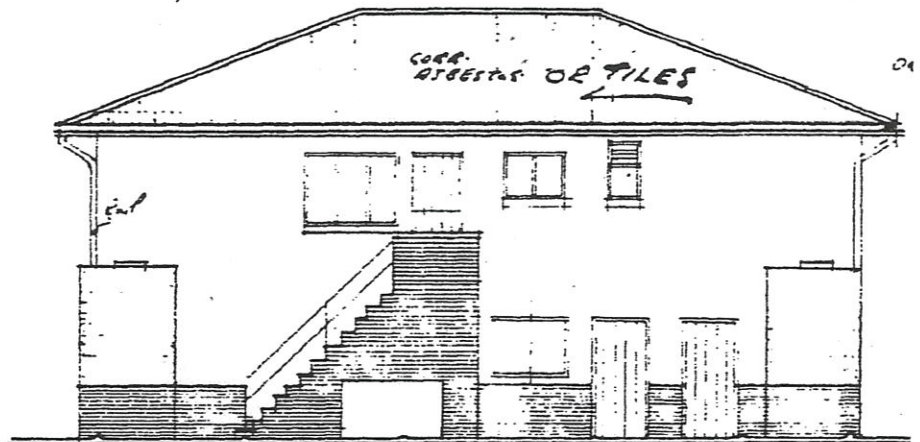
	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
MOTIVATION	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS) - NUMBERED AND COLOURED	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		✓
PROOF OF PUBLIC PARTICIPATION		✓
PAYMENT/PROOF OF PAYMENT <b>TO FOLLOW BY OWNER (EFT)</b>		

# PROPOSED NEW RESIDENCE LOT

v.l.8

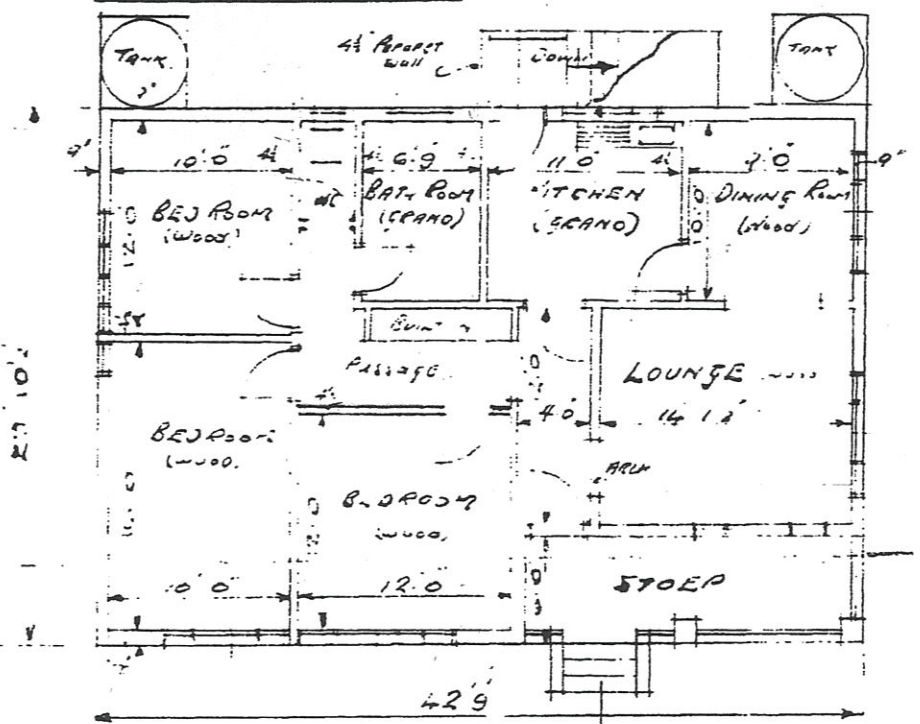


- FRONT ELEVATION -



- REAR ELEVATION -

PART ORIGINAL PLAN



- GROUND PLAN -

W

**NEDBANK****Once-off payment confirmation**

Date: 07/06/2013 Time: 9:31 AM

From account details:	EVERYDAY
My statement description:	AMAFAPLANS 16 Ridge Rd
Beneficiary statement description:	MCS Trust - ERF303 Amanzimtoti
To account number:	4059356024
Branch:	632005
Amount:	600.00
Payment date:	07/06/2013
Reference number:	20130607/NEDBANK/000253646948

Please note: Payments to other banks may take up to three business days.

From: WAYNE BROMFIELD

Cell: 083 630 5393

Tel: 031 903 1395

Architect: Judy Charles.

Nedbank Limited, Reg No 1951/000009/06, VAT Reg No 4320116074, 135 Rivonia Road, Sandown, Sandton, 2196, South Africa.