



KWAZULU-NATAL
AMAFA
A RESEARCH INSTITUTE

APPLICATION FORM A (for Official Use)

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

APPLICATION IN TERMS OF SECTION 37(1)(a) OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018,) FOR A PERMIT TO DEMOLISH, ALTER OR ADD TO A STRUCTURE WHICH IS, OR WHICH MAY REASONABLY BE EXPECTED TO BE OLDER THAN 60 YEARS

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
Application Form H must be used for alteration to structures permanently protected in terms of Sections 42-46 (Heritage Landmarks). Form H(a) must be used for applications for alterations to memorials/statues. If work has commenced/been completed without a permit, Form I must be used.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE FALSE STATEMENTS OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (see guidelines before completing this form)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, via email to beadmin@amafapmb.co.za (hard copy applications cannot be accepted during the COVID-19 pandemic)

A. DECLARATION BY OWNER (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)

I, B. BUDERI NABAIN (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 permit to me.

Signature B. Buderi Nabain

Place DURBAN Date 29/11/2022

B. PROPERTY DESCRIPTION (provide all cadastral information pertaining to the site):

Name of property:		Title Deed No.: <u>T 180 88/2001</u>
Erf/Lot/Farm No: <u>ERF 314 Mokeni</u>	Size: <u>731 m²</u>	GPS Co-ordinates:
Street Address <u>39 Alamein Avenue</u>		Suburb <u>Mokeni</u>
Town/Local Municipality: <u>Ethekwini</u>		District Municipality: <u>Ethekwini</u>
Current zoning: <u>S.R 400</u>		Present use: <u>Residential</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:
2. Historical Significance:
There is no historical significance
References

3. Architectural Significance:
There is no Architectural significance
References

4. Urban Setting & Adjoining Properties:
The building is situated in a residential area. Adjoining properties consist of residential dwellings which hold no historic or architectural significance. Does not affect existing neighbouring buildings.
References

D. PROPOSED WORK

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

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

CONDITION		HEALTH REASONS		OTHER	
-----------	--	----------------	--	-------	--

2. Motivation for proposed work (Summarise below and expand on a separate sheet if necessary)

New second dwelling proposed on the property.
New proposed dwelling is to be used as a
second residential dwelling.
New dwelling is to be a double storey building.
which will not affect neighbouring property.

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

New second dwelling, double storey, used
as a residential dwelling.

E. CONTACT DETAILS

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

NAME	There is no appointed contractor as yet	
POSTAL ADDRESS		
	POST CODE	

TEL	FAX/EMAIL
CELL	QUALIFICATIONS
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME NISHARA SUKHLAL	
POSTAL ADDRESS 51 CANNON ROAD, HILLARY	
	POST CODE
TEL	FAX/EMAIL
CELL 073 205 4645	SACAP REG. NO. 00872
Author's Drawing Nos.	
In making this application on behalf of the applicant, I declare that I have provided the correct information to the best of my knowledge and I undertake to ensure that the applicant is made aware of all conditions under which a permit may be issued.	
SIGNATURE <i>Nishara Sukhlal</i>	DATE 15/01/2022

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

NAME MRS. B. Narcaen	
POSTAL ADDRESS 3A Abamean Avenue	
Mobeni	POST CODE
TEL	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 N. Sukhlal	
TEL 073 2054645	FAX/EMAIL

F. SUBMISSION FEE: R800.00 (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.

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330

Account in the name of the **KZN Amafa and Research Institute**

Account No. 40-5935-6024

USE STREET ADDRESS/FARM NAME AS REFERENCE

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 NONE
Telephone _____ Fax/Email _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines) YES NO

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
---	---	--

MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS		
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *		
PROOF OF PROFESSIONAL ACCREDITATION & LETTER OF APPOINTMENT		
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	



KOMISIYON INTA
 AMAFA