



KWAZULU-NATAL
AMAFA
& 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, MR ,MRS PILLAY (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 

Place DURBAN Date 28/08/2023

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

Name of property: <u>9 ernest avenue</u>		Title Deed No.: <u>t 5597/92</u>
Erf/Lot/Farm No: <u>erf 525 rosehill</u>	Size: <u>1012</u>	GPS Co-ordinates:
Street Address <u>9 ernest avenues</u>		Suburb <u>rosehill</u>
Town/Local Municipality: <u>ethekwini</u>		District Municipality: <u>ethekwini</u>
Current zoning: <u>sr 400</u>		Present use: <u>residential</u>

C. SIGNIFICANCE:

1. Original date of construction/plan approval:
2. Historical Significance: No existing significance. Existing dwelling constructed with normal facebricks, plaster and paint. Roof covered with concrete roof tiles. Surrounding properties are residential and have the same Architectural style.
References

3. Architectural Significance:
The existing dwelling has no Architectural Significance. Surrounding properties hold no Architectural Significance.
References

4. Urban Setting & Adjoining Properties:
All adjoining properties are residential, including the pre existing dwelling.
References

D. PROPOSED WORK

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

DEMOLITION				
CONDITION		HEALTH REASONS	OTHER	
ALTERATION				
CONDITION		HEALTH REASONS	OTHER	X
ADDITION				

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

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

The proposed work (new dwelling) is for an ancillary unit, entertainment area and store room, including a garage.
The dwelling is of ordinary brickwork, plastered and painted with concrete roof tiles. The proposal does not have any impact on the surrounding areas.

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

The proposed work (new dwelling) is for an ancillary unit, entertainment area, store room and a double garage.
The dwelling is to be construction with ordinary brickwork, plastered and painted with concrete roof tiles. The proposal does not have any impact on the surrounding areas.

E. CONTACT DETAILS

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

NAME	TBC
POSTAL ADDRESS	
	POST CODE

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

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME MRS N SUKHLAL	
POSTAL ADDRESS 51 CANNON ROAD	
HILLARY	POST CODE 4094
TEL 0732054645	FAX/EMAIL
CELL	SACAP REG. NO. D0872
Author's Drawing Nos. ESP 001	
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>M. Sukhlal</i>	DATE 28/08/2023

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

NAME MR.MRS PILLAY	
POSTAL ADDRESS	
9 ERNEST AVENUE, ROSEHILL	POST CODE
TEL 0836898075	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 MRS 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 N/A
 Telephone _____ Fax/Email _____

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

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------

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 (<u>use street address as reference</u>)	✓	

