



APPLICATION FORM A (STRUCTURES)

Ref: _____

Date received _____

Application No _____

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-NATAL 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

1. SVEN PEEK & Venilla Yoganathan

(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

Place

98 Albert Dromo Rd, Dbn.

12 August 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: N/A Title Deed No. _____

2. Erf/Lot/Farm No: ERF 5615

Street Address: 98 ALBERT DROMO ROAD, GLENWOOD
Durban

Local Municipality ETHEKWINI

District Municipality _____

3. Current zoning _____ Present use _____

C. SIGNIFICANCE:

1. Original date of construction 3/9/1930
2. Historical Significance: OTHER THAN BEING BUILT IN 1930 THERE IS NO HISTORICAL SIGNIFICANCE BEING FOUND.

References _____

3. Architectural Significance: AS IT BEING AN OUTBUILDING HAVING PLAIN SHALLOW MONO PITCHED ROOF, THE OUTBUILDING IS OF NO ARCHITECTURAL SIGNIFICANCE.

References _____

4. Urban Setting & Adjoining Properties: TYPICAL GLENWOOD SUBURBAN Setting with Houses of SIMILAR STYLE & STRUCTURE HIPPED ROOF STYLE COTTAGES.

D. PROPOSED WORK

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

DEMOLITION

CONDITION		HEALTH REASONS		OTHER	
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ALTERATION

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

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

IN ORDER TO CONVERT EXISTING OUTBUILDINGS
TO AN ANCILLARY UNIT IT IS NECESSARY
TO JOIN THE TWO BUILDINGS TO FORM
A SINGLE UNIT.

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

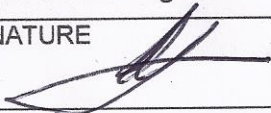
FORMING AN EXTENSION BETWEEN TWO
OUT BUILDINGS WITH MATCHING MASONRY
AND ROOF SHEETING
CONVERTING INTERVAL AREAS TO KITCHEN
LIVING ROOM & 2 BEDROOMS.

E. CONTACT DETAILS

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

NAME		NOT APPOINTED	
POSTAL ADDRESS			
		POST CODE	
TEL	FAX		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME JJL MURPHY	
POSTAL ADDRESS 14 MARULA WAY	
ELEN ANIL	POST CODE 4051
TEL 031 5724719	FAX
CELL 082461 6660	SACAP REG. NO. STO 190
Author's Drawing Nos. 04/850013	
SIGNATURE 	DATE 25 SEPTEMBER 2013

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

NAME SVEN PEEL & VENILLA YOGANATHAN	
POSTAL ADDRESS P.O. Box 52590	
MOORE Rd	POST CODE 4083
TEL 082 4641883	FAX 086 750 4444

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 **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 _____
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	✓	