



APPLICATION FORM I

Ref: _____
Date received _____
Application No _____
Application approved _____ not approved _____
Date of permit/notification _____
Permit No _____

APPLICATION IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT (4 OF 2008) FOR THE CONDONATION/APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE OF, PROTECTED HERITAGE RESOURCES

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. Application forms are available on the website www.heritagekzn.co.za - "Permits" - Form I

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

We Hugh Crozier Murrell and Susan Murrell

(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 H. C. Murrell S. Murrell

Place DURBAN 27/01/2014 Date

(The owner of the property must fill in these details and sign this document and any plans or other documents submitted in support of this application)

B. PROPERTY DESCRIPTION:

1. Name of property: _____ Title Deed No. _____

2. Erf/Lot/Farm No: 5135 DURBAN.

Street Address: 20 MUTHAIGA PLACE
GLENWOOD, DURBAN 4001

Local Municipality ETHEKWINI MUNICIPALITY

District Municipality _____

GPS Co-ordinates _____

3. Current zoning S.P. Present use RESIDENTIAL

4. Detail of Structures or improvements on site ADDITION OF COVERED VERANDAH
& SHADE PORT.

C. SIGNIFICANCE:

1. Status of the Site:

Heritage Landmark		Provincial Heritage Landmark		Listed on the Heritage Register		Heritage Conservancy	
Provisionally Protected (notice issued)		Generally protected structure		Generally protected archaeological site		Generally protected grave or battlefield	

Government Gazette Notice of Protection _____

2. Historical/Military Significance: NO HISTORICAL SIGNIFICANCE

References _____

3. Architectural Significance: NO ARCHITECTURAL SIGNIFICANCE

References _____

4. Archaeological Significance: NO N/A

References _____

5. Palaeontological Significance: N/A

References _____

D. UNLAWFUL WORK

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

Damage/Demolition		Alteration/Addition	<input checked="" type="checkbox"/>	Repair/Redecoration	
Removal from site		Subdivision		Amendment of Site Plan	

2. Date when the work was first commenced 10/2004

3. Current Status of the Work (mark appropriate box)

Completed	<input checked="" type="checkbox"/>	Stopped pending application outcome		Stopped prior to finalisation	
Underway/continuing		Decommissioned and the site rehabilitated		Decommissioned and the site abandoned	

4. Detail of the work (Provide full details on the nature and purpose of the work – use a separate sheet if necessary)

1) MONO PITCH COVERED PATIO & CONC SURFACE BED. WAS CONSTRUCTED IN 2004. BY OWNER. MR. MURRELL. TO ROAD FACING SIDE OF DWELLING.
2) SHADECLOTH & STEEL FRAMED SHADEPORT WAS CONSTRUCTED AT REAR OF PROPERTY

1. Motivation (Motivate the purpose of the work and why it was begun/completed unlawfully)


COVERED PATIO WAS CONSTRUCTED AT THAT TIME AS THERE WAS NO COVERED AREA FOR FAMILY ENTERTAINMENT, SUNSHADE ETC. OWNER DID NOT REALISE PLANS WERE REQUIRED FOR THIS TYPE OF STRUCTURE. SHADEPORT WAS ERECTED TO PROTECT MOTOR VEHICLES.
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E. CONTACT DETAILS

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

NAME <u>MR. H. MURRELL</u>	
POSTAL ADDRESS <u>20 MUTHAIGA PLACE</u>	
<u>GLEN WOOD</u>	POST CODE <u>4001</u>
TEL <u>031 2029369</u>	FAX
CELL <u>0829250783</u>	QUALIFICATIONS <u>OWNER BUILDER.</u>
REGISTRATION OF INDUSTRY REGULATORY BODY:	

2. HERITAGE ARCHITECT/HERITAGE PRACTITIONER/CONSERVATOR

NAME <u>JTC MURPHY</u>	
POSTAL ADDRESS <u>14 MARULA WAY</u>	
<u>GLEN ANIL</u>	POST CODE <u>4051</u>
TEL <u>031 5724719</u>	FAX
CELL <u>0824616660</u>	SACAPI/ASAPA REG. NO. <u>STO 190</u>
Author's Drawing Nos. <u>3/1014 A</u>	
SIGNATURE 	DATE <u>30/01/2014</u>

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

NAME <u>MR. H. MURRELL, S. MURRELL.</u>	
POSTAL ADDRESS <u>20 MUTHAIGA PLACE</u>	
<u>GLEN WOOD</u>	POST CODE <u>4001</u>
TEL <u>031 2029369</u>	FAX Email <u>murrell.sue@gmail.com</u>

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 <u>N/A</u>	
TEL	FAX

F. SUBMISSION FEE: R3000.00 (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/INCEPTION REPORT	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS) - NUMBERED AND COLOURED	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	✓	
PAYMENT/PROOF OF PAYMENT	✓	