



APPLICATION FORM A (STRUCTURES)

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

COPY

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 OWNERS

WE, SHARON VAN RENSBURG + MARTIN KEYTER

(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. us.

Signatures [Signature] [Signature]
Place BELLAIR 28.04.13 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: _____ Title Deed No. T.000001639/2002
2. Erf/Lot/Farm No: REM OF ERF 208 BELLAIR
Street Address: 12 DICKENS ROAD
BELLAIR 4094
Local Municipality ETHEKWINI MUNICIPALITY
District Municipality _____
3. Current zoning SR 650 Present use RESIDENTIAL

C. SIGNIFICANCE:

1. Original date of construction UNKNOWN CIRCA 1890
2. Historical Significance: NO PLANS RECORDS EXIST OF THE REMAINING OLD HOUSE (NOW PARTLY DERELICT) WHICH WAS BUILT WHEN THE PROPERTY WAS BEYOND THE DURBAN MUNICIPAL BOUNDARY. NO VERBAL HISTORY OTHER THAN PRESENT OWNERS (CIRCA 1970's).

References _____

3. Architectural Significance: NO ARCHITECTURAL SIGNIFICANCE: WHATEVER THERE MAY HAVE BEEN ORIGINALLY IS NO LONGER EVIDENT AND THERE ARE NO REMAINING TRACES OF ANY SIGNIFICANT ARCHITECTURAL INVOLVEMENT.

References _____

4. Urban Setting & Adjoining Properties: WHILE THE RELATIVELY LARGE SUBDIVISIONS IN THE AREA GIVES CREDENCE TO THE POSSIBILITY OF LARGE HOMES FROM THE LATE 1880'S, NO SIGNIFICANT REMAINS EXIST, AND SUBSEQUENT SUBURBAN SPRAWL AND SUB-DIVISION HAS EFFECTIVELY OBLITERATED ANY URBAN CHARACTER IN THE NEIGHBOURHOOD, SAVE A FEW ISOLATED WOOD + IRON EXAMPLES WITH HERITAGE QUALITY AND WORTHY OF PROTECTION, RELATIVELY REMOTE FROM THE SUBJECT SITE.

D. PROPOSED WORK

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



DEMOLITION

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

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

EXTENSION	<input 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)

TO THE EXTENT THAT THE ±120 YEAR OLD HOUSE IS IN VERY POOR CONDITIONS AND ROOF STRUCTURE COLLAPSE THREATENING; ROOF OPEN IN PART AND LEAKING ETC.; THE DWELLING IS A HEALTH AND SAFETY RISK AND NO VALID REASON EXISTS TO NOT DEMOLISH SO AS TO MAKE WAY FOR THE DEVELOPMENT OF FOUR DWELLING UNITS ALLOWED BY THE PLANNING CONTROLS. THESE MUST BE SITED TO RESPECT THE EXISTING MATURE PLANT GROWTH AND LANDSCAPING CHARACTER. A TIMBER DIVIDER / ARCHWAY IN KEEPING WITH THE PERIOD COULD BE USEFULLY RE-CYCLED ELSEWHERE BY AMARA.

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

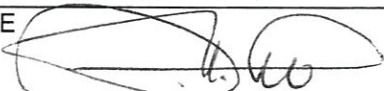
THE SITE IS ALREADY ENCUMBERED WITH A SINGLE-STOREY RESIDENCE CONSTRUCTED TO THE WEST APPROX. 12 YEARS AGO. THE BALANCE OF THE SITE IS CAPABLE OF SUSTAINING UP TO FOUR NEW DWELLING UNITS WHICH, IF SENSITIVELY DESIGNED COULD TAKE ADVANTAGE OF THE TOPOGRAPHY AND DISTANT VIEWS TO THE EAST. MATURE TREES & PLANTING NEED TO BE SURVEYED AND PROTECTED, TO PRESERVE THE CHARACTER OF THE BELLAIR LANDSCAPE.

E. CONTACT DETAILS

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

NAME		DEMOLITION : UNKNOWN AT THIS STAGE.	
POSTAL ADDRESS			
			POST CODE
TEL	N/A		FAX
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME		BRYAN LEE	
POSTAL ADDRESS		258 WAKESLEIGH ROAD	
BELLAIR		POST CODE 4094	
TEL	FAX	031 465 8288	
CELL 083 262 8340	SACAP REG. NO. 7021		
Author's Drawing Nos. MK - SK01			
SIGNATURE			DATE

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

NAME S: SHARON VAN RENSBURG + MARTIN KEYTER	
POSTAL ADDRESS 12 DICKENS ROAD	
BELLAIR	POST CODE 4094
TEL 082 941 7193	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		N/A	
TEL	N/A		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		x
PLANS (X2 SETS) - NUMBERED AND COLOURED		x
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	✓	
PROOF OF PUBLIC PARTICIPATION		
PAYMENT/PROOF OF PAYMENT	✓	