



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

I, D. REDDY

(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 _____

PINETOWN

07.10.13

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: RESIDENTIAL Title Deed No. T550-1975

2. Erf/Lot/Farm No: PTN 19/3255 + PTN 20/3255 DURBAN

Street Address: 74 + 78 VAUSE RD DURBAN

Local Municipality ETHEKWINI DURBAN CENTRAL

District Municipality ETHEKWINI

3. Current zoning MASIONETTE Present use RESIDENCE

C. SIGNIFICANCE:

1. Original date of construction 1940
2. Historical Significance: BUILT BY 'COLONIAL HOMES'
IN 1940

References _____

3. Architectural Significance: NONE - BUILT AS
MASIONETTES DOUBLE STOREY WITH CLAY
POOF TILES + PLASTERED + PAINTED WALLS

References _____

4. Urban Setting & Adjoining Properties: SET IN VAUSE ROAD, ~
THE SITE IS SURROUNDED BY A
VARIETY OF RESIDENTIAL ZONINGS,
FROM SPECIAL RESIDENTIAL, MASIONETTE
AND GENERAL RESIDENTIAL

D. PROPOSED WORK

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

DEMOLITION

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

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

EXTENSION	CHANGED USE	OTHER	
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2. Motivation for proposed work (Please motivate fully – on a separate sheet if necessary)

- 1) PROPERTY RECENTLY PURCHASED BY A DEVELOPER - THE 2 MASONETIE BLOCKS WERE LEASED BY PREVIOUS OWNER AND ARE NOW IN NEED OF MINOR RENOVATION + INTERNAL ALTERATIONS TO MODERNISE - DEVELOPER INTENDS TO SECTIONALISE + SELL OFF.
- 2) EXISTING GARAGES AND OUTBUILDINGS TO BE DEMOLISHED DUE TO CONDITION AND TO ALLOW FOR CONSTRUCTION OF FURTHER UNITS (ON CONDITION OF A RE-ZONING APPLICATION AND A SECOND AMAFA APPLICATION IN THE NEAR FUTURE.

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

MINOR INTERNAL ALTERATIONS INCLUDE PROVIDING AN ENSUITE TO THE MAIN AND SECOND BEDROOM, MAKING THE KITCHEN OPEN PLAN TO THE BEDROOM.


EXTERNAL IS TO REPLACE THE EXISTING CLAY TILES WITH CONCRETE ROOF TILES, AND CREATE PLASTER BANDS AROUND WINDOWS (TIMBER WINDOWS TO BE RENOVATED) GARDEN RETAINING WALL TO BE BUILT.

E. CONTACT DETAILS

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

NAME		D. REDDY	
POSTAL ADDRESS		20 PIONEER ROAD	
KLCCF		POST CODE 3610	
TEL	FAX		
CELL 083 301 5402	QUALIFICATIONS DEVELOPER		
REGISTRATION OF INDUSTRY REGULATORY BODY: NA			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME MARTIN PIGFORD	
POSTAL ADDRESS UNIT 22 PETSHEU	
8 SHORT PLACE NG	POST CODE 3610
TEL	FAX 086 566 0798
CELL 083 989 8455	SACAP REG. NO. ST 0618
Author's Drawing Nos. VAUSE 01 001 + 002	
SIGNATURE 	DATE 7.10.2013

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

NAME D. REDDY	
POSTAL ADDRESS 20 PIONEER ROAD	
KROOF	POST CODE 3610
TEL 083 301 5402	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	
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHOTOGRAPHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORIGINAL DRAWINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLANS (X2 SETS) - NUMBERED AND COLOURED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROOF OF PUBLIC PARTICIPATION	<input type="checkbox"/>	<input type="checkbox"/>
PAYMENT/PROOF OF PAYMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>