



**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](mailto: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, \_\_\_\_\_ (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 JJ Majera

Place Durban Date 27/01/2021

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

Name of property:		Title Deed No.:
Erf/Lot/Farm No:	Size:	GPS Co-ordinates:
<u>PORTION 12 OF ERF 1706</u>	<u>1330</u>	
Street Address <u>WENTWORTH</u>		Suburb
<u>554 MARINE DRIVE</u>		<u>BLUFF</u>
Town/Local Municipality:		District Municipality:
<u>ETHEKWINI</u>		<u>ETHEKWINI</u>
Current zoning:		Present use:
<u>S.R. 400</u>		<u>RESIDENTIAL</u>

**C. SIGNIFICANCE:**

1. Original date of construction/plan approval:
2. Historical Significance:
There is no historical significance.
References

3. Architectural Significance:
There is no Architectural significance.
References

4. Urban Setting & Adjoining Properties:
The building is situated in a residential area.
Adjoining properties consist of residential dwellings which holds no architectural or historical significance and does not affect any existing neighbouring buildings.
References

**D. PROPOSED WORK**

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

<b>DEMOLITION</b>			
CONDITION	<input type="checkbox"/>	HEALTH REASONS	OTHER
<b>ALTERATION</b>			
CONDITION	<input type="checkbox"/>	HEALTH REASONS	OTHER
<b>ADDITION</b>			

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

The proposed addition <del>st</del> and alterations to the main bedroom does not affect the architectural or historical significance of the building. The addition and alterations is an en-suite which is proposed in the main bedroom, main dwelling. The neighbouring buildings will not be affected by the addition / alteration.

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

Additions and alterations to the existing residential building. En suite added to main bedroom at main dwelling.

**E. CONTACT DETAILS**

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

NAME	TO BE CONFIRMED	
POSTAL ADDRESS		
		POST CODE

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

**2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER**

NAME <b>NISHARA SUKHLAL</b>	
POSTAL ADDRESS <b>SI CANNON ROAD, HILLARY</b>	
	POST CODE
TEL	FAX/EMAIL
CELL <b>073 205 4645</b>	SACAP REG. NO. <b>D0872</b>
Author's Drawing Nos.	
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 <b>N. Sukhlal</b>	DATE <b>27/01/2023</b>

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

NAME <b>MRS J. J MAJIERA.</b>	
POSTAL ADDRESS	
<b>554 Manne Drive</b>	POST CODE
TEL <b>074 868 729.</b>	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 <b>N. SUKHLAL</b>	
TEL <b>073 205 4645</b>	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 \_\_\_\_\_  
 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"/>
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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 (use street address as reference)	✓	

