

## APPLICATION FORM A (STRUCTURES)

Ref:				
Date received				
Application No 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,		
	Il names of owner/person authorized to sign) undertake strictly to obstrictions, by-laws and directions under which Amafa aKwaZulu-Natali	
Sign	gnature	
Plac	ace	Date
	ne owner of the property must fill in these details and those in cument and any plans or other documents submitted in support	

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C.	SIGNIFICANC	E:	1010			
1.	Original date of	construction	1912			
2.	Historical Sign	ificance:				
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Refer	ences					
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3.	Architectural S	Significance:				
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	FLATS		BUILT.			
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		D. PROP	OSED WORK			
1. P	urpose of Applicati	on (Indicate the	reason by marki	ng the releva	nt box)	
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	DITION	HEALTH	H REASONS	ОТН	ĒŔ	· ·
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CON	DITION	MAINTE	NANCE	ОТН	=r	
	DITION					
EVT	ENSION	CHANG	ED USE	OTH	ER	

2. Motivation for proposed work (Please motiva	ate fully – on a separate sheet if necessary)
OWNERS RECOURE M	U EN SUITE BATHROO
AS HOUSE HAS ONLY	ONE BATHROOM.
THEY DONOT WISH	4 70 ANCOUSE
THE EXISTING VE WANT TO RETAIN	RANDAH, AS THEY
WANT TO RETAIN	THE CHARM OF
THE LERANDAH	
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Detail the alterations/additions/restorations	
THE APOPPION 70	
15 OF A SMALL SG	
ROOF BELOW THE	
ex. ROOF, SO AS	710N ON THE
LESSER MON	PUBLIC SIDE OF
THE HOUSE	
E. CONTACT DETAILS	
CONTRACTOR (the person who will do	the work)
NAME NAME	PPOINTED
POSTAL ADDRESS	-
	POST CODE
TEL	FAX
CELL REGISTRATION OF INDUSTRY REGULATORY B	QUALIFICATIONS
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