

KWAZULU-NATAL

APPLICATION FORM D

AMAFA AND RESEARCH INSTITUTE



THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION IN TERMS OF SECTION 40(1) OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR A PERMIT TO DESTROY, DAMAGE, EXCAVATE, ALTER, WRITE OR DRAW UPON OR DISTURB A BATTLEFIELD SITE, ARCHAEOLOGICAL SITE, ROCK ART SITE, PALAEOANTHROPOLOGICAL SITE, HISTORICAL FORTIFICATION, METEORITE OR METEORITE IMPACT SITE

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
 Form B or C must be used for destruction of graves. Form H must be used for sites permanently protected and included in the Heritage Register or the Schedule of Heritage Sites. Form H(a) must be used for applications for alterations to memorials. Form I must be used if work has commenced/ been completed without a permit.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Consult the attached guidelines before completing this form)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED.

A. DECLARATION BY OWNER

I, CHARLES THOMPSON

(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 [Handwritten Signature]
 Place SIBAYA Date 29.06.2020

(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:

Name of property: <u>NODE E</u>	Title Deed No. <u>33086/2019</u>
Erf/Lot/Farm No: <u>REMAINDER OF PORTION 615 (OF 275) OF THE FARM COTTON LANDS NUMBER 1575</u>	GPS Co-ordinates LAT - <u>29.664237°</u> LON - <u>31.110485°</u>
Street Address: <u>492 67095 TRK</u>	
Local Municipality <u>ETHEKWINI METROPOLITAN MUNICIPALITY</u>	District Municipality <u>ETHEKWINI METROPOLITAN MUNICIPALITY</u>
Traditional Authority Area <u>ETHEKWINI</u>	
Current zoning <u>AGRICULTURE</u>	Present use <u>SUGARCANE</u>

C. SIGNIFICANCE:

1. Status of the Site:

Battlefield site	Archaeological site	X	Rock Art Site	Palaeontological site
Meteorite Site			Meteorite Impact Site	

2. Historical/Military Significance:

/

References

3. Archaeological Significance:

The site is a Blackburn Late Iron Age site on a large hill. Several shell middens were recorded yielding a special aspect to the site. Fragments of human bone were noted on the surface.

References

4. Rock Art significance:

/

References

5. Palaeontological Significance

/

References

6. Meteor Impact Significance

/

References

D. PROPOSED WORK

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

Destruction	<input checked="" type="checkbox"/>	Damage	<input checked="" type="checkbox"/>	Excavation	<input checked="" type="checkbox"/>	Alteration	<input type="checkbox"/>	Restoration	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	Stabilisation	<input type="checkbox"/>	Adaptation	<input type="checkbox"/>	Tracing	<input type="checkbox"/>	Other	<input type="checkbox"/>

2. Summary of Motivation for proposed work (A full report must accompany this application)

Sibaya Node 6 will include residential, commercial educational & mixed-use development, ± 112.57 ha, will be developed. Development will include road networks, water pipelines, sewer reticulation, buildings & boundary fence.
Excavations will obtain a representative sample of the site. On-site monitoring during ~~the~~ construction will occur.

5. Summary of Details of the proposed work: (A full report must accompany this application)

The site will be excavated in 3m x 3m squares using local trained labour. Excavations will target the spatial component of the site & shell middens. Human remains will be excavated after the main excavations.
Excavations are planned for 4 weeks. If further excavations are required, then we will negotiate with the developers.

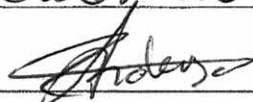
E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work – other than the heritage practitioner)

NAME		DEVMO	
POSTAL ADDRESS		FMI House, 2 HELSZA BOULEVARD	
SIBAYA, DURBAN		POST CODE 4520	
TEL	087 550 1306	FAX	-
CELL	072 836 3899	QUALIFICATIONS	-
REGISTRATION OF INDUSTRY REGULATORY BODY:			

Contract not gone to tender yet: this is Dev 3 developer.

2. HERITAGE PRACTITIONER/CONSERVATOR

NAME <u>Garvin Anderson</u>	
POSTAL ADDRESS <u>PO Box 10153</u>	
<u>Meerensee</u>	POST CODE <u>3901</u>
TEL <u>035 753 1785</u>	FAX
CELL <u>083 658 5362</u>	ASAPA REG. NO.
SIGNATURE 	DATE <u>29/6/2020</u>

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

NAME <u>CHARLES THOMPSON - CRECCORA INVESTMENTS</u>	
POSTAL ADDRESS <u>PRIVATE BAG X36</u>	
<u>SPINNINGHILL</u>	POST CODE <u>2157</u>
TEL <u>078 164 7299</u>	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 <u>CHARLES THOMPSON</u>	
TEL <u>078 164 7299</u>	FAX <u>N/A</u>

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 **AMAFA AKWAZULU-NATALI**
 Account No. 40-5935-6024
USE FARM/TRIBAL AUTHORITY AREA 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 KUSHELA NAIDOO
 Telephone 031 563 4466 Fax 086 613 8535

H. CHECKLIST OF SUPPORTING DOCUMENTATION

APPLICATION FORM (COMPLETED & SIGNED BY OWNER, DEVELOPER & CONSULTANT) SUBMITTED IN HARD COPY AND SCANNED AND UPLOADED TO SAHRIS	
MOTIVATION/REPORT	
SITE PHOTOGRAPHS/CASE IMAGES	
1:50 000 MAP & SATELLITE AERIAL VIEW	
KML FILE MAP	
SITE PLAN SHOWING ALL FEATURES & HERITAGE RESOURCES	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card/certificate)	
PROOF OF PUBLIC PARTICIPATION	
CONSENT LETTER FROM THE OWNER	
PROOF OF PAYMENT OF SUBMISSION FEE (EFT/BANK DEP/AMAFA CARD)	