

KWAZULU-NATAL**APPLICATION FORM A****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 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. 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 (as per attached guidelines), AND PROOF OF PAYMENT must be delivered to: KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE, 195 LANGALIBALELE STREET, PIETERMARITZBURG, 3201 OR BOX 2685 PIETERMARITZBURG 3200. Alternatively, email all documents to beadmin@amafapmb.co.za

A. DECLARATION BY OWNERI, S. RAMA & C.W. LEUNG

(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 Place DURBAN Date 11.12.2021

(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:	Title Deed No.
Erf/Lot/Farm No: <u>PTN 33 OF ERF 2125</u>	GPS Co-ordinates:
Street Address: <u>21 NELSON ROAD, ESSENWOOD, DURBAN.</u>	
Local Municipality <u>ETHEKWINI MUNICIPALITY</u>	District Municipality <u>CENTRAL ENTITY</u>
Current zoning <u>SPECIAL RESIDENTIAL</u>	Present use <u>RESIDENTIAL</u>

C. SIGNIFICANCE:

1.	Original date of construction	1922
2.	Historical Significance:	
THE MAIN DWELLING APPEARS TO BE IN ITS ORIGINAL STATE. SO DO THE OUTBUILDINGS VIZ. THE MAID'S QUARTERS (WHICH WE PLAN TO DEMOLISH). THE PATIO ON THE FRONT, THE POOL & THE FRONT BOUNDARY WALL WERE LATER ADDITIONS.		
References AS PER PERUSAL OF ADJACENT BUILDINGS - THE STYLE OF THESE BUILDINGS IS THE SAME AS THEY MAY HAVE BEEN CONSTRUCTED AT AROUND THE SAME PERIOD.		
3.	Architectural Significance:	
THE MAIN DWELLING HAS BEEN MAINTAINED WELL OVER THE YEARS. WE WILL BE DEMOLISHING THE SERVANTS QTRS TO MAKE ACCOMODATION FOR OUR PROPOSED ADDITIONS. OUR PROPOSED ADDITIONS HAS BEEN DESIGNED IN A MANNER THAT DOES NOT WARRANT ANY MAJOR ALTERATIONS.		
References		

4.	Urban Setting & Adjoining Properties:	
21 NELSON ROAD SITS IN THE CENTRE OF 3 DWELLINGS THAT ARE SIMILAR IN STYLE & COULD HAVE BEEN CONSTRUCTED AT THE SAME TIME. THE DWELLINGS OPPOSITE HAVE BEEN ADDED TO & ALTERED SEVERAL TIMES. THE ADDITIONS WE ARE PROPOSING WILL NOT BE AFFECTING THE STREET APPEAL OF OUR DWELLING.		
References THE ADDITIONS HAVE BEEN PROPOSED ARE AT THE REAR END OF THE DWELLING & SITE.		

D. PROPOSED WORK

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

DEMOLITION					
CONDITION		HEALTH REASONS		OTHER	✓
ALTERATION					
CONDITION		HEALTH REASONS		OTHER	✓
ADDITION					
CONDITION		HEALTH REASONS		OTHER	✓

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

THE CURRENT BUILDING/DWELLING IS A 3-BEDROOMED HOUSE BUT THE MANNER IN WHICH THE ~~THE~~ INTERNAL ALTERATIONS WERE CARRIED OUT DID NOT PROVIDE FOR A FORMAL DINING AREA. HENCE, ONE OF THE BEDRMS WILL BE USED IN THIS MANNER. WITH THE CURRENT COVID CONDITIONS THE CLIENT HAS BEGUN WORKING FROM HOME CONSEQUENTLY, THE 3RD BEDROOM HAS BEEN CONVERTED TO A STUDY. THIS HAS NOW LED TO A NEED FOR ADDITIONAL BEDROOMS WHICH WE HAVE ACCOMODATED COMFORTABLY ON THIS SITE

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

WE ARE PROPOSING A FAMILY ROOM, LAUNDRY & MAIDS ROOMS ON THE GROUND STOREY. THE ADDITION IS LINKED TO THE EXISTING GROUND STOREY DWELLING BY ALTERING THE EXISTING BATHROOM TO FORM PART OF THE PASSING.


THERE WILL ALSO BE A 3 BEDROOMED WITH ENSUITES, ADDITION ON THE FIRST STOREY, OVER THE GROUND STOREY ADDITION & THE EXISTING DOUBLE GARAGE.

E. CONTACT DETAILS

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

NAME		NOT APPOINTED AS YET.	
POSTAL ADDRESS			
			POST CODE
TEL	FAX/EMAIL		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME N. SHAMOUN	
POSTAL ADDRESS	
137 RILEY ROAD, ESTERWOOD, DURBAN POST CODE 4001	
TEL 083 2980646	FAX/EMAIL nazkeen.drawing@gmail.com
CELL 083 2980646	SACAP REG. NO. ST0239
Author's Drawing Nos. n21-22 wd01, n21-22 wd02	
SIGNATURE 	DATE 11. 12. 2021

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

NAME S. RAMA & C.W. LEUNG	
POSTAL ADDRESS 21 NELSON ROAD, ESTERWOOD, DURBAN	
POST CODE 4001	
TEL 072 782 1262	FAX/EMAIL shervanrama@me.com

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 SHERVAN RAMA	
TEL 072 782 1262	FAX/EMAIL shervanrama@me.com

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 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 _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*ref to guidelines) YES NO

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
MOTIVATION	✓	
PHOTOGRAPHS*	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS when in hard copy) - NUMBERED AND COLOURED *	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	✓	
PROOF OF PUBLIC PARTICIPATION*		
PAYMENT/PROOF OF PAYMENT (use street address as reference)	✓	