Page 1 of 7



APPLICATION FORM NOTIFICATION OF INTENT TO DEVELOP SECTION 38 (1) AND SECTION 38 (8)

Heritage Westerr	Cape R	eference No:
------------------	--------	--------------

To be completed by applicant

|--|

Completion of this form is required by Heritage Western Cape for the initiation of all impact assessment processes under Section 38 (1) & (8) of the National Heritage Resources Act (NHRA).

Whilst it is not a requirement, it may expedite processes and in particular avoid calls for additional information if certain of the information required in this form is provided by a heritage specialist/s with the necessary qualifications, skills and experience.

Will the necessary qualifications, skills and experience.						
A. APPLICA	BILITY OF THE NATIONAL ENVIRONMENTA	AL MANAGEMENT ACT (NEMA)				
DEADP/ DM	1R Reference Number: n/a					
		of Section 38(8) of the NHRA and an n made to the following authority:				
X	This development will not require	a NEMA application.				
NOTE:	Making an incorrect statement or providing all or part of the application having to be application.	ng incorrect information in this part of the form may result in reconsidered by HWC in the future, or submission of a new				
B. BASIC D	DETAILS					
PROPERTY D	DETAILS:					
Name of pr	roperty: Donkerhoek					
Street address or location (eg: off R44): Off Klapmuts/Simondium Road (MR205)						
1274, Farm	number/s: Donkerhoek 956/rem, Farm 1419 (the study area is presently in registration as Farm 1833).	Coordinates: S 33° 50' 05" E 18° 56' 43" (A logical centre point. Format based on WGS84.)				
Town or Dis	trict: Simondium	Municipality: Drakenstein Municipality				
Farm 1274 : Farm 1419 :	operty: 956/rem = 143.29 ha = 38.77 ha = 20.77 ha عالمة will be approximately 36.1518 ha)	Current use: agriculture (although the portion under application is currently vacant)				
Predominant land use/s of surrounding properties: agriculture						



	REGISTERED OWNER OF PROPERTY:
	Name and Surname: Robert Steven Meihaizen
	Address: farm 1419 ((litkomst)
İ	Telephone: C218741033 Cell: 083447 1383 E-mail: room@topfruit-co.29
	APPLICANT/ AUTHORISED AGENT:
	Name and Surname:
	Address:
	Telephone: Cell: E-mail:
	By the submission of this form and all material submitted in support of this notification (ie: 'the material'), all applicant parties acknowledge that they are aware that the material and/or parts thereof will be put to the following uses and consent to such use being made: filing as a public record; presentations to committees, etc; inclusion in databases; inclusion on and downloading from websites; distribution to committee members and other stakeholders and any other use required in terms of powers, functions, duties and responsibilities allocated to Heritage Western Cape under the terms of the National Heritage Resources Act. Should restrictions on such use apply or if it is not possible to copy or lift information from any part of the digital version of the material, the material will be returned unprocessed.
	I confirm that I enclose with this form two hardcopies of all material submitted together with a CD/ USB containing digital versions of all of the same.
38	Signature of Owner: May Date: 18/8/2020
	Signature of Applicant/ Authorised Agent:

REGIS	STERED OWNER	OF PROPER	11.			
Name	e and Surname	э: <i>(</i> R	DNAL	D EHRH	ARD LIC	JG
Addre	ess:	BOX	92	SIMON	DIUM	7670.
Telepi	hone:			Cell: 182 3	372 7786	E-mail: Mhlil; ed quad.
APPLI	ICANT/ AUTHO	RISED AGEN	VT:			7 0
Name	e and Surnam	e:				
Addre	ess:					
Telep	hone:			Cell:		E-mail:
and o	other stakeholde ated to Heritage	ers and any o	other use	e required in te	erms of power f the National	ites; distribution to committee member s, functions, duties and responsibilities Heritage Resources Act. Should
restrict version	on of the materio	se apply or if al, the materi se with this fo	it is not ial will b orm two	possible to co be returned unp hardcopies of	processed.	nation from any part of the digital Ubmitted together with a CD/ USB
restrici version I confi conta	on of the materion	se apply or if al, the materi se with this fo	it is not ial will b orm two	possible to co be returned unp hardcopies of	processed.	

REGISTERED OWNER OF PROPERTY:		
Name and Surname: I.T.	DE WAAL.	
Address: 120-301 167	- SIMBNOSUM -	Kifomats SImonstum
Telephone: 011.863 1804.	Cell: 0825788977	E-mail: Eerry & babylostoren.
APPLICANT/ AUTHORISED AGENT:		7
Name and Surname:		
Address:		
Telephone:	Cell:	E-mail:
applicant parties acknowledge that the following uses and consent to such use betc; inclusion in databases; inclusion on and other stakeholders and any other usuallocated to Heritage Western Cape und restrictions on such use apply or if it is no version of the material, the material will be	peing made: filing as a public re and downloading from websites se required in terms of powers, fu der the terms of the National He t possible to copy or lift informati	cord; presentations to committees, ;; distribution to committee members unctions, duties and responsibilities ritage Resources Act. Should
I confirm that I enclose with this form two containing digital versions of all of the so	hardcopies of all material subm ime.	nitted together with a CD/ USB
Signature of Owner:	Datę:	
Signature of Applicant/ Authorised Agent: _ (Applicants/ agents must attach copy of po	Dat <u>e;</u> wer of attorney to this form.)	