

Annexure B

APPLICATION FOR AN ARCHAEOLOGICAL PERMIT

TO DESTROY, DAMAGE, EXCAVATE, ALTER, DEFACE OR OTHERWISE DISTURB
ANY ARCHAEOLOGICAL SITE,

OR

DESTROY, DAMAGE, EXCAVATE, REMOVE FROM ITS ORIGINAL POSITION,

OR

COLLECT ANY ARCHAEOLOGICAL MATERIAL OR OBJECT

OR

BRING ONTO OR USE AT AN ARCHAEOLOGICAL SITE ANY EXCAVATION
EQUIPMENT OR ANY EQUIPMENT THAT ASSISTS IN THE DETECTION OR
RECOVERY OF METALS OR ARCHAEOLOGICAL MATERIAL OR OBJECTS,

PROTECTED IN TERMS OF SECTION 35(4) OF THE NATIONAL HERITAGE
RESOURCES ACT (ACT 25 OF 1999)

FILL IN ALL SECTIONS RELATING TO YOUR APPLICATION.

1. DETAILS OF ARCHAEOLOGICAL SITE

- 1.1 Name and physical address of site: **CLICKS SITE - WOODSTOCK**
- 1.2 Erf/Stand/Farm name and number: **ERVEN 8518 AND 8519**
- 1.3 Type of site (Provide a short description of the site, on a separate sheet): **BRICK WELLS**
- 1.3.1 Period, era, age or date of site: **2ND HALF 19TH CENTURY**
- 1.4 Magisterial district in which the site, place or structure is situated (essential): **CAPE TOWN**
- 1.4.1 Planning authority (if known): **CITY PLANNERS DEPARTMENT, CAPE TOWN MUNICIPALITY**
- 1.5 Is the site a declared provincial heritage site or provisionally protected place? **YES / NO**
If so, please attach a photocopy of the gazette notice or provide the following information:
- 1.5.1 Date of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette*
(dd/mm/yy) (if known):
- 1.5.2 Number of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette*
(if known):
- 1.5.3 Number of *Government Gazette* or *Provincial Gazette* (if known):
- 1.5.4 Date of publication of the *Government Gazette* or *Provincial Gazette* (dd/mm/yy) (if known):
- 1.6 Current use of property: **UNDEVELOPED AND OPEN, ONE STANDING BUILDING TO BE
CONSERVED, THE REST DEMOLISHED**
- 1.7 Cadastral or geographical co-ordinates of the site, place or structure (Mark the position of the site on a
copy of a 1:10 000 map / aerial photograph or a 1:50 000 map and include this in your application): **SEE
ATTACHMENT (33 56 51.21S 18 26 19.76)**
- 1.7.1 Name and number of 1:50 000 (or larger scale) map: **CAPE TOWN AND PENINSULA**
- 1.7.2 Latitude and longitude (where possible supply decimal version):
- 1.7.3 Spatial Referencing System:
☒ Global position Datum: Old Cape / WGS84 / Other (Please specify date of reading):
☐ Trigonometry Date of map:
☐ Other Date of recording:

2. DETAILS OF THE APPLICANT

- 2.1 Name and Title: **TIMOTHY J.G.HART**
- 2.2 Address: **ARCHEOLOGY CONTRACTS OFFICE, DEPT ARCHAEOLOGY, UCT.**
- 2.3 Postal code: **7701**

- 2.4 Contact numbers:
- 2.4.1 Telephone area code: (...021.....) Telephone number: (w) 021 650 2357..... (h) 021 7884764
- 2.4.2 Facsimile area code: (...021....) Facsimile number: 650 2352
- 2.4.3 Cellular phone number: 073 1418618
- 2.4.4 E-mail: TJG@AGE.UCT.AC.ZA
- 2.5 Qualifications and experience of the applicant: MA ARCHAEOLOGY AND EXTENSIVE PROFESSIONAL EXPERIENCE
- 2.6 Current academic status of the applicant: CO-DIRECTOR ACO
- 2.7 Identity number / Passport number of the applicant: 6007295052087

- 2.8 Declaration of applicant: I, **TIMOTHY JAMES GRAHAM HART**
- hereby declare that I undertake to comply with the conditions and restrictions or directions under which Heritage Western Cape may issue the permit for which I am applying.

Signature of applicant: _____ Date:

- 2.9 Declaration of Research Supervisor if applicant is a research student:
- I,
- hereby declare that I will support this project and will assist the student to comply with the conditions and restrictions or directions under which Heritage Western Cape may issue the permit for which this student is applying.

Signature of Research Supervisor: _____ Date:

3. **NAME AND ADDRESS OF AUTHORISED REPRESENTATIVE(S) OF THE APPLICANT WHO WILL BE PERMANENTLY ON SITE DURING THE ACTION**

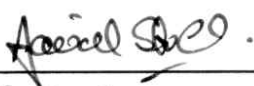
- 3.1 Name and Title: **TJG HART, JAYSON ORTON, DAVE HALKETT**
- 3.2 Address: **ACO, DEPARTMENT OF ARCHAEOLOGY, UCT**
- 3.3 Postal code: **7001**
- 3.4 Contact Details:
- 3.4.1 Telephone area code: (...021) Telephone number: **650 2353**
- 3.4.2 Facsimile area code: (...021) Facsimile number: **650 2352**
- 3.4.3 Cellular phone number: **073 1418618**
- 3.4.4 E-mail: **TJG@AGE.UCT.AC.ZA**
- 3.5 Identity number: **6007295052087**
- 3.6 Qualifications and/or relevant experience of authorised representative/s:
- MA, ASAPA (PI) AHAP (SPECIALIST AND GENERALIST)**
- 3.7 Will the authorised representative/s undertake the actions under supervision of the applicant? Yes/No
- 3.8 Declaration: I, hereby declare that I will undertake the actions under the supervision of the applicant.

Signature of authorised representative: _____ Date:

4. **DETAILS OF THE REGISTERED OWNER OF THE SITE** (A letter from the owner giving the following details and comment on the planned action may be submitted)

- 4.1 Name and Title: **INVESTEC PROPERTY GROUP LIMITED**
- 4.2 Address: **36 Hans Strijdom Avenue, Cape Town**
- 4.3 Postal code: **8001**
- 4.4 Contact detail **Lisa Atkins**
- 4.4.1 Telephone area code: **(021)** Telephone number: **416-3302**
- 4.4.2 Facsimile area code: **(021)** Facsimile number: **416-4302**
- 4.4.3 Cellular phone number: **N/A**
- 4.4.4 E-mail: **lisa.atkins@investec.co.za**
- 4.5 Company registration number: **1947/025753/06**

- 4.6 Declaration: we, **INVESTEC PROPERTY GROUP LIMITED** am fully aware of this application and accept its contents.

Signature of owner: 

Date: **12 June 2017**

- 4.7 Comments from owner on planned action (if any) **NONE**

**FOR AND ON BEHALF OF
INVESTEC PROPERTY
GROUP LIMITED**

5. **PURPOSE OF THE APPLICATION** (place a cross in the appropriate block(s) below)

5.1 Type of work/Nature of activity: *At the request of the proponent, This application is to demolish two 19th century wells*

5.1.1 Destruction for the purpose of:

☐ Analysis ☐ Dating ☐ Restoration ☒ Other

5.1.2 Damage for:

☐ Analysis ☐ Dating ☐ Restoration ☐ Other

5.1.3 ☐ Excavation

5.1.4 ☐ Alteration

5.1.5 ☐ Defacement

5.1.6 ☐ Disturbance

5.1.7 ☒ Removal from its original position

5.1.8 ☐ Collection

5.1.9 ☐ Use of excavation equipment or any equipment that assists in the detection or recovery of metals or archaeological material or objects

(If relevant, provide a motivation for the use of mechanical excavation equipment or any equipment that assists in the detection or recovery of metal or archaeological material or objects.)

5.1.10 ☐ Removal of graffiti at a rock art site

5.2 Period for which the permit is required (maximum three years)/ Proposed date of completion of activity:
From: ...**June 2007** To: ...**June 2008**

5.4 ☐ Re-application for permit Date and number of previous permit: (dd/mm/yy)

6. **DESCRIPTION OF AND MOTIVATION FOR THE ACTION PROPOSED**

(Provide a short description of the proposed action which must be supported by the documentation specified in 7 and 9 hereunder, as well as a full motivation for the proposed action, with reference to conservation policy and/or principles, where appropriate.)

7. **DETAILS OF COLLABORATING INSTITUTION WHERE THE APPLICANT WILL BE BASED WHILE UNDERTAKING THE PROJECT**

7.1 Name of the collaborating institution: **DEPARTMENT OF ARCHAEOLOGY, UCT**

7.2 Name and Title of Head of the collaborating institution: **PROF J SEALY**

7.3 Identity number of the Head of the collaborating institution:

7.4 Address: **DEPTMENT OF ARCHAEOLOGY, UCT, RONDEBOSCH**

7.5 Postal code: **7701**

7.6 Telephone area code: (...021....) Telephone number: 650 2353

7.7 Facsimile area code: (...021....) Facsimile number: 650 2352

7.8 Cellular phone number:

7.9 E-mail: **JCS@AGE.UCT.AC.ZA**

7.10 Declaration of the Head of the collaborating institution: I,
in my capacity as of the
hereby declare that the applicant will be based at this institution while undertaking the project and that I support the application.

Signature of the Head of the collaborating institution: _____ Date:

8. **DETAILS OF THE COLLABORATING INSTITUTION WHERE MATERIALS AND RECORDS WILL BE STORED AND CURATED**

8.1 Name of the collaborating institution: **PLEASE NOTE: TRIAL EXCAVATION ONLY – NO MATERIAL WILL BE REMOVED.**

8.2 Name and title of Head of the collaborating institution: **DEPARTMENT OF ARCHAEOLOGY, UCT**

8.3 Identity number of the Head of the collaborating institution:

8.4 Address: **AS ABOVE**

8.5 Postal code:

8.6 Telephone area code: (.....) Telephone number:

8.7 Facsimile area code: (.....) Facsimile number:

8.8 Cellular phone number:

8.9 E-mail:

- 8.10 Declaration of the Head of the collaborating institution: I,**PROF J SEALY**.....
in my capacity asof the
.....hereby declare that the collaborating institution has an official
written collections policy and undertakes to store and curate the material and records from this project,
once completed.

Signature of the Head of the collaborating institution: _____ Date:

9. DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- 9.1 LOCALITY PLAN showing where the site is and a SITE PLAN showing the layout of the property and pertinent features relevant to the planned action.
- 9.2 SITE DESCRIPTION (see 1.3).
- 9.3 PROJECT DESCRIPTION AND MOTIVATION including relevant scientific background, motivation for use of mechanical equipment and plans for conservation of the site after the planned action (see 6) including plans for conservation of the site after the action.
- 9.4 VISUAL AIDS including photographs, videos of the site in its present form, where appropriate. Please provide captions and dates to all photographs.
- 9.5 Details and outcome of any PREVIOUS SUBMISSIONS made to any other authority (the former National Monuments Council (NMC), SAHRA, etc.) in respect to this application.
- 9.6 ANY ADDITIONAL PERTINENT INFORMATION that you believe will assist Heritage Western Cape to consider your application.

10. PLEASE NOTE:

- 10.1 Unless both the applicant and the head of the department / head of the institution which curates the material, sign the application form, and the registered owner either signs or supplies a letter approving the project, this form will not be processed by Heritage Western Cape.
- 10.2 **Applications are considered to be public documents and are open to public scrutiny. Should you wish your application to be kept confidential, please motivate your request on a separate sheet.**

When completed, please return this form to:

The Secretariat
Heritage Western Cape Permit Committee
Private Bag X9067
CAPE TOWN
8000

Telephone: 021 424-0410
Fax 021 424-0457

Motivation

The proponent (Faircape) seeks permission to destroy a confirmed and a possible 19th century well(s) situated at the "Clicks Site" Woodstock, Cape Town.

The wells lie in the area of a deep basement excavation for redevelopment of the site. Basement depth is anticipated to be in the region of 8 meters. This will necessitate destruction of historical fabric to depth of at least 8 meters.

One well was found during trial excavations in 2000, a further one which was shown on Snow Survey of 1862 was not identified during trial excavations in year 2000. It may not have been built or was destroyed. The identified well is built of brick and currently filled with rubble.

While excavation prior to destruction can be accomplished, we would like to point out that excavation of these structures is extremely hazardous, especially if the well is built from soft brick. Also, under these situations normal insurance cover of the excavation team members does not apply as the work is considered to be too risky (classified as underground work).

While under certain circumstances, ACO will excavate wells which hold critical potential for archaeological material, we do not believe that a sample of 19th century material (which is relatively common) warrants the risk brought about by an excavation of this nature.

It is for this reason that we would rather see permission be granted for demolition of the structures under supervision of an archaeologist, who would implement what ever conditions that APM sees fit to apply.

Please note: The HIA for development of this site has been under consideration by Belcom.

1. Please see attached excavation report of 2000.
2. Map of site location

