



APPLICATION FOR A PERMIT

Section 35 / Section 27

**TO DESTROY, DAMAGE, EXCAVATE, ALTER, DEFACE OR OTHERWISE DISTURB ANY ARCHAEOLOGICAL SITE,
DESTROY, DAMAGE, EXCAVATE, REMOVE FROM ITS ORIGINAL POSITION,
COLLECT ANY ARCHAEOLOGICAL MATERIAL OR OBJECT
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**

HWC Reference No:

To be completed by
applicant

22020116

FOR OFFICE USE ONLY

GRADING

PRESCRIBED FEE PAID: PROOF OF PAYMENT X YES

DETAILS OF SITE, PLACE OR STRUCTURE/ DETAILS OF SOURCE OF ARCHAEOLOGICAL MATERIAL

Physical address of site or GPS Co-ordinates: District Six, Cape Town: S 33° 56' 0.27" E 18° 26' 6.05"

Erf/Stand/Farm name and number:

Parcel K2: 115705-RE, 115706, 115707, 115708 ;

Parcel N: 10010-RE, 115744, 117884-RE, 177362, 117695, 117891-117898 ;

Parcel P: 153779

Type of site, place or structure (indicate by means of a cross in the appropriate space(s) below):

Provincial heritage site (or a previously declared national monument in terms of the National Monuments Act, 1969) or a provisionally protected place (previously a provisionally declared national monument in terms of the National Monuments Act, 1969 (section 27)) or a provisionally protected heritage site in terms of Section 29 of the National Heritage Resources Act (1999).

Archaeological or Palaeontological Site/Area/Material or Meteorite (section 35)

NAME AND ADDRESS OF APPLICANT

Name: Katie Smuts

Address: 75 Morningside Road, Ndabeni

Postal code: 7405

Cellular phone number: 0727967754

E-mail: katie@archrsa.com

Identity number of applicant: 7806200125089

Declaration: I, Katie Smuts herewith declare that I intend to undertake to the actions as proposed in this application.

Signature: 

Date: 01/02/2022

REGISTERED OWNER OF PROPERTY: (if the applicant is not the registered owner of the property; or if the application is made on behalf of the registered owner, a power of attorney must be attached)

SITE P:

Name: Department of Agriculture, Land Reform and Rural Development

Address: 14 Long Street, Cape Town

Postal code: 8000

Cellular phone number: _____

E-mail: _____

Identity number of applicant: _____

Declaration: I, _____ am fully aware of this application and accept its contents.

Signature: _____

Date: _____

REGISTERED OWNER OF PROPERTY: (if the applicant is not the registered owner of the property; or if the application is made on behalf of the registered owner, a power of attorney must be attached)

SITES K2 AND N:

Name: City of Cape Town

Address: Civic Centre, 12 Hertzog Boulevard, Cape Town Postal code: 8001

Cellular phone number: _____

E-mail: _____

Identity number of applicant: _____

Declaration: I, _____ am fully aware of this application and accept its contents.

Signature: _____ Date: _____

PROPOSED TYPE OF ACTION (indicate by means of a cross in the appropriate block(s) below):

Type of work/Nature of activity:

Destruction for the purpose of Analysis Dating Restoration Other
Damage for Analysis Dating Restoration Other

- Excavation
- Alteration
- Defacement
- Disturbance
- Removal from its original position
- Collection

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.)

- Removal of graffiti at a rock art site
- Re-application for permit

Date and number of previous permit: (dd/mm/yy)

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

Name of Institution: N/A

Name of Head of Institution: _____

Address: _____ Postal code: _____

Cellular phone number: _____

E-mail: _____

Declaration of the Head of the collaborating institution:

I, _____ hereby declare that the applicant will be based at this institution while undertaking the project and that I support the application.

Signature: _____ Date: _____

DETAIL OF AND MOTIVATION FOR THE ACTION PROPOSED

Provide a 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, which must be supported by accompanying documentation including:

- 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.
- SITE DESCRIPTION
- VISUAL AIDS including photographs, videos of the site in its present form, where appropriate. Please provide captions and dates to all photographs.
- REPOSITORY AGREEMENT

- 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.
- Plans for conservation of the site after the action

CONSULTATION

Public Consultation is required in terms of the HWC Public Consultation Guideline (2016)

Conservation bodies

Conservation bodies are interested parties in the management of our heritage resources. Heritage Western Cape requires that registered conservation bodies are informed and provided with 30 days to comment when applications are received for particular geographical areas or categories of heritage resources in terms of section 25(1) of the National Heritage Resources Act, 1999. Please find the list of registered conservation bodies on our website www.hwc.org.za

PLEASE NOTE

Unless the applicant and the registered owner sign the application form, the form will not be processed by Heritage Western Cape.

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 attached to your application form. For applications that are granted confidentiality, this confidentiality will be limited to one year (12 months).