



## APPLICATION FORM B

Ref: \_\_\_\_\_  
Date received \_\_\_\_\_  
Application No \_\_\_\_\_  
Application approved \_\_\_ not approved \_\_\_  
Date of permit/notification \_\_\_\_\_  
Permit No \_\_\_\_\_

### PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 34) FOR THE DAMAGE, ALTERATION, EXHUMATION OR REMOVAL FROM THE ORIGINAL POSITION OF A GRAVE/S OR CEMETERY OR PART THEREOF OF A VICTIM/S OF CONFLICT

**PLEASE NOTE:** IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. Application forms are available on the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za) - "Permits" -Form B

**ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa aKwaZulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)**

#### A. DECLARATION BY OWNER

I, FIKO JOB CHILIZA

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature \_\_\_\_\_

Place \_\_\_\_\_

14.10.2014

KWA-MASHU

Date \_\_\_\_\_

*(The owner of the property must fill in these details and sign this document and any plans or other documents submitted in support of this application)*

#### B. PROPERTY DESCRIPTION:

- Name of property: THULINI SHOPPING CENTRE Title Deed No. \_\_\_\_\_
- Erf/Lot/Farm No: PORTION OF FARM ALEXANDER LOCATION NO. 3
- Street Address: 16489 ET, EXTENT 1,16 HA  
INTERSECTION OF R102 AND SIPOFU ROAD
- Local Municipality UMZUMBE
- District Municipality AGU
- GPS Co-ordinates 30°29'58.15" S, 30°35'44.33 E
- Current zoning \_\_\_\_\_ Present use \_\_\_\_\_
- Detail of Graves on site SINGLE PRIVATE GRAVE

**C. SIGNIFICANCE:**

**1. Status of the Site:**

Battlefield site		Commonwealth Grave (WW1, WW2 & Korean Wars)		Struggle Against Apartheid Site	
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2. Historical/Military Significance: NIL

References \_\_\_\_\_

3. Commonwealth Conflicts Significance: NIL

References \_\_\_\_\_

4. Struggle Significance: NIL

References \_\_\_\_\_

**D. PROPOSED WORK**

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

Damage		Alteration	
Exhumation		Removal from original position	✓

**2. Motivation for proposed work (motivate fully in an attached report)**

RELOCATION OF GRAVE TO NEW FAMILY HOME TO MAKE WAY FOR A NEW SHOPPING CENTRE.



3. Detail of the proposed work (attach a full report)

REFER LOCALITY PLANS:	
PLAN ①	CURRENT LOCATION OF GRAVE
" ②	SURVEY DIAGRAM SHOWING GRAVE LOCATION
PLAN ③	NEW LOCATION OF GRAVE
" ④	ARROW SHOWING RELOCATION OF GRAVE TO NEW FAMILY HOME

4. New Location (in the case of removal from original position)

1. Name of property: QUMEDE Title Deed No. \_\_\_\_\_

2. Erf/Lot/Farm No: PORTION OF FARM ALEXANDER LOCATION NO. 3

Street Address: 16459, ET

INTERSECTION OF R102 AND SIPOFU ROAD (OVER THE ROAD FROM SHOPPING CENTRE)

Local Municipality UMZUMBE

District Municipality UGU

GPS Co-ordinates 30°30'6.27" S, 30°35'47.66 E

3. Current zoning \_\_\_\_\_ Present use \_\_\_\_\_

**E. 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. Where possible descendants of the deceased must be contacted and their approval obtained. Local Historical/Heritage Societies and Museums must be consulted. The Provincial/Regional Military History Societies and Organisations serving the interests of those who participated in the relevant conflicts must also be consulted. Approval from the Local Authority must be obtained.)

Name	
Telephone	Fax
Name	
Telephone	Fax
Name	
Telephone	Fax
Name	

Telephone	Fax
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**F. CONTACT DETAILS**

**1. CONTRACTOR/FUNERAL DIRECTOR/HERITAGE PRACTITIONER**

Name	
Address	
	Postal Code
Telephone	Fax
Qualifications	
Membership of Recognised Professional/Technical Bodies	

**2. OWNER OF PROPERTY**

Name <b>FIKO JOB CHILIZA</b>	
Address <b>G 982 MSEBE ROAD</b>	
<b>P.O. KWA-MASHU</b>	Postal Code <b>4360</b>
Telephone <b>031-5044128</b> <b>082 813 7440</b>	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 <b>FIKO JOB CHILIZA</b>	
Address <b>G 982 MSEBE ROAD</b>	
<b>P.O. KWA-MASHU</b>	Postal Code <b>4360</b>
Telephone <b>031-5044128</b> <b>082 813 7440</b>	Fax

**G. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)**

The submission fee is payable to Amafa aKwaZulu-Natali by cheque or bank deposit/internet banking prior to the processing of this application.  
 Banking details in case of direct deposits:  
**ABSA BANK: Branch: ULUNDI Bank Code: 630330**  
 Account in the name of **AMAFA AKWAZULU-NATALI**  
 Account No. **40-5935-6024**  
 NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office

**H. CHECKLIST OF SUPPORTING DOCUMENTATION**

**YES NO**

<b>APPLICATION FORM (COMPLETED &amp; SIGNED BY OWNER &amp; AUTHOR)</b>		
<b>MOTIVATION</b>		
<b>PHOTOGRAPHS</b>		
<b>ORIGINAL DRAWINGS</b>		
<b>PLANS (X2 SETS) - NUMBERED AND COLOURED</b>		
<b>PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)</b>		
<b>PAYMENT/PROOF OF PAYMENT</b>		