



KWAZULU-NATAL
AMAFA
A RESEARCH INSTITUTE

APPLICATION FORM I (for Official Use)

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) FOR THE CONDONATION/ APPROVAL/RECTIFICATION OF THE UNLAWFUL COMMENCEMENT OR CONTINUATION OF WORK ON, OR DAMAGE TO, HERITAGE RESOURCES PROTECTED IN TERMS OF CHAPTERS 8 & 9 (sections 37 to 50, including both generally and specially protected heritage resources).

This form is to be used for applications where work was commenced, alternatively completed without the prior written approval of the Institute in its capacity as the Provincial Heritage Resources Authority. If no work has been undertaken select the appropriate form from the website www.heritagekzn.co.za.

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) THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED, THE TYPE OF CONTRAVENTION WILL DETERMINE THE METHOD OF SUBMISSION.

A. DECLARATION BY OWNER

I, MICHAEL SHANNON

(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 written approval of the work to me.

Signature 

Place DURBAN Date 03/02/2023

(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:

Title Deed No. T 17 33730

Name of property/Project title:

Erf/Lot/Farm No:

PORTION 1 OF ERF 1005

GPS Co-ordinates

-29.8397, 31.01568

Street Address, Suburb, Town:

148 MONTPELIER ROAD

Local Municipality

ETHEKWINI

District Municipality

Traditional Authority Area CENTRAL

Current zoning GENERAL RESIDENTIAL 2	Present use OFFICES & COFFEE SHOP.
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C. HERITAGE SIGNIFICANCE: (complete sections appropriate to site)

1. Status of Heritage Resources on the Site:

Permanent Protection:	Heritage Landmark/ Provincial HL		Listed on the Heritage Register		Provisionally Protected (notice issued)		Site in a Protected Area
Generally Protected site containing:	Structures 60 years +	X.	Graves		Archaeological site Battlefield or rock art		Palaeontological material Meteor impact site

2. Historical/Military Significance:

NIL.

References

3. Architectural Significance:

Original date of construction:

Significance:

A FORMER BEREA COTTAGE RESTORED &
RENOVATED TO ITS EXISTING USE AS
OFFICES

References

4. Archaeological Significance:

NIL.

References

5. Palaeontological Significance:

NIL.

References

D. WORK CARRIED OUT WITHOUT PRIOR APPROVAL

1. Purpose of Application:	Damage/destruction/demolition		Alterations/Additions	X.
Redecoration	Disfigured	Written/drawn on	Excavation	

Exhumation		Inundation		Development	
Collection/Removal from original site		Trade/export (heritage objects)		Restricted use of equipment s40(5)	
Consolidation/Subdivision		Amendment of Plan		Other change of use	X.

2. Existing Improvements made on site:

NEW ROLLER SHUTTER DOORS & CONVERSION TO RESTAURANT.

3. Detail the work commenced/carried out

2 ROLLER SHUTTER DOORS

4. Motivation for work (Please motivate fully why work was commenced without approval)

IN-SPITE OF EXTENSIVE EFFORTS BY THE APPLICANT TO LET THESE PREMISES AS OFFICES, THEY HAVE HAD NO SUCCESS WHATSOEVER.

THE ROLLER SHUTTER DOORS WERE ADDED BY THE PREVIOUS OWNER.

Status of work	Commenced		Stopped		Completed	
Date commenced			Date stopped		Completion date	

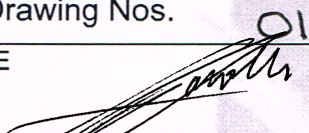
E. CONTACT DETAILS

1. CONTRACTOR (the person who has done or who will complete the work)

NAME	UNKNOWN
POSTAL ADDRESS	

		POST CODE
TEL	FAX/EMAIL	
CELL	QUALIFICATIONS	
REGISTRATION OF INDUSTRY REGULATORY BODY:		

2. ARCHITECTURAL PROFESSIONAL/ HERITAGE PRACTITIONER

NAME <u>R HOWELL</u>		
POSTAL ADDRESS <u>P.O. Box 37605</u>		
<u>OVERPORT</u>		POST CODE <u>4067</u>
TEL <u>060 842 4260</u>	FAX/EMAIL <u>howellarchitects@mwebbiz.co.za</u>	
CELL <u>082 963 8901</u>	PROFESSIONAL REG. NO. <u>5418</u>	
Author's Drawing Nos. <u>01</u>		
SIGNATURE 	DATE <u>03/02/2023</u>	

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

NAME <u>SHANNON INVESTMENTS (PTY) LTD</u>		
POSTAL ADDRESS <u>214 MONTEPELIER ROAD</u>		
<u>DURBAN</u>		POST CODE <u>4001</u>
TEL <u>083 3201 100</u>	FAX/EMAIL <u>michael@shannon.co.za</u>	

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 <u>MICHAEL SHANNON</u>		
TEL <u>0833 201 000</u>	FAX/EMAIL <u>michael@shannon.co.za</u>	

F. SUBMISSION FEE: R4000.00 (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.
USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330
 Account in the name of the **KZN Amafa and Research Institute**
Account No. 40-5935-6024

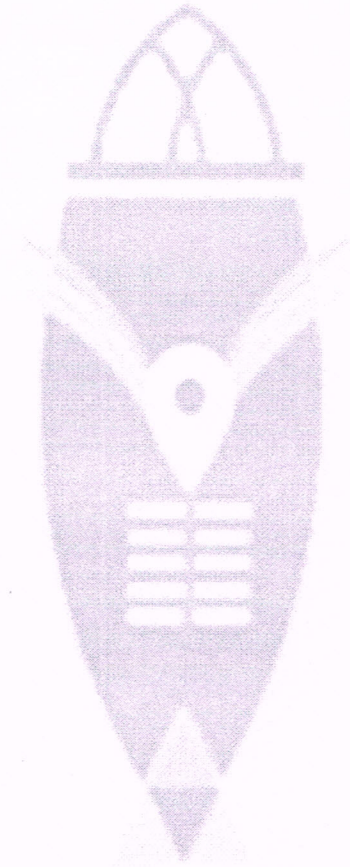
G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax/Email _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION (*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)	✓
MOTIVATION/INCEPTION REPORT	
PHOTOGRAPHS*	
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	

PLANS (X2 SETS FOR HARD COPY SUBMISSIONS) - NUMBERED AND COLOURED*			
1:50 000 MAP & SATELLITE AERIAL VIEW		KML FILE MAP	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)			
APPOINTMENT LETTERS		CONSENT LETTER	
PAYMENT/PROOF OF PAYMENT			



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