



## 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,

\_\_\_\_\_

(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 \_\_\_\_\_

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:

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

2. Erf/Lot/Farm No: \_\_\_\_\_

Street Address: \_\_\_\_\_

Local Municipality \_\_\_\_\_

District Municipality \_\_\_\_\_

GPS Co-ordinates \_\_\_\_\_

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

4. Detail of Graves on site \_\_\_\_\_

**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:** \_\_\_\_\_

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References \_\_\_\_\_

**3. Commonwealth Conflicts Significance:** \_\_\_\_\_

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References \_\_\_\_\_

**4. Struggle Significance:** \_\_\_\_\_

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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)




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	
Address	
	Postal Code
Telephone	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	
Address	
	Postal Code
Telephone	Fax

**G. SUBMISSION FEE: R500.00 (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 **AMAF A KWAZULU-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**

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