



EASTERN CAPE
PROVINCIAL HERITAGE
RESOURCES AUTHORITY

SOUTH AFRICA



APPLICATION FOR PERMIT

TO ALTER, DESTROY, DAMAGE, EXCAVATE OR REMOVE FROM ITS
ORIGINAL POSITION A **STRUCTURE OR PROPERTY**
PROTECTED IN TERMS OF THE NATIONAL HERITAGE RESOURCES ACT
(Act 25 of 1999)

PLEASE FILL IN ALL SECTIONS RELATING TO YOUR APPLICATION

1. SITE FOR WHICH APPLICATION IS BEING MADE

2. Name of Site: _____
Address of Site: _____
Erf/Stand/Farm no: _____

Type of Site (indicate by means of a cross in the appropriate space(s) below):

- Provincial Heritage Site (previously a National Monument)
 Structure older than 60 years
 Grave or Burial outside a Local Authority Administered Cemetery
 Protected Area
 Heritage Area (previously Conservation Area in terms of the National Monuments Act)

Current use: _____

2. CURRENT REGISTERED OWNER OF PROPERTY

Name: _____

Address: _____

Postal Code: _____

Telephone: (____) _____ Fax: (____) _____

Cell: _____

E-mail: _____

Owner ID Number: _____ I,
_____ am fully aware of this
application and accept its contents.

Owners Signature: _____ Date: _____

**3. NAME AND ADDRESS OF PRIMARY RESPONSIBLE AGENT
(ARCHITECT/DESIGNER, ETC.)**

Name: _____

Address: _____

Post Code: _____

Telephone: (____) _____ Fax: (____) _____ Cell: _____

E-mail: _____

Will the work be overseen to completion by the above person? YES NO

4. PROPOSED TYPE OF WORK (indicate by means of a cross in the appropriate
space(s) below):

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Total Demolition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Partial Demolition | <input type="checkbox"/> Restoration | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Consolidation |

Cost of Proposed Work: R_____

Time frame for proposed work: _____

5. DETAIL THE WORK PROPOSED:

6. DRAWING REFERENCE NUMBERS AND DATES: (Please list all drawing reference numbers, including revision numbers, and the dates of the drawings.)

7. MOTIVATION FOR PROPOSED WORK (Please motivate fully, with reference to conservation principles, where appropriate. This space may also be used for additional details required above.)

8. CONSULTATION Heritage Organizations

Heritage organizations are interested parties in the management of our heritage, and as such PHRAS generally need to ascertain the view of such interested parties when considering an application. Please indicate whether you have consulted your local heritage organizations regarding your proposal and submit any comments they might have to ECPHRA as part of your application. Should you wish to know which Heritage Organizations to contact, ECPHRA staff will issue you with the contact details of the relevant organizations.

The following heritage organizations have been contacted, and their comments are attached:

Neighbours

Alterations to ones property often affects **the properties of adjoining neighbours**. In terms of the NHR Act 25 of 1999, any person may appeal against a decision of ECPHRA on **conservation grounds, and as such it is necessary** for ECPHRA in certain instances to consider the comments of **direct neighbours** when assessing applications. When the Application involves **external additions, subdivision, consolidation or change in land use**, please attach on a separate sheet the names, addresses and telephone numbers of immediate neighbours bordering on your property, as well as written comment from the neighbours on the proposed work covered by this application. Please indicate whether you have **attached addresses and results of consultation with these neighbours**.

9. ITEMS TO ACCOMPANY THIS FORM:

(See *Guidelines for the Preparation of the ECPHRA Permit* (ECPHRA_Application_Guidelines.pdf)).

- **ONE SET OF COLOURED-UP DRAWINGS FOR RETENTION BY THE PHRA. ANY FURTHER SETS OF DRAWINGS TO BE RETURNED TO THE APPLICANT**
- **LOCALITY PLAN SHOWING WHERE THE SITE IS.**
- **SITE PLAN SHOWING THE LAYOUT OF THE PROPERTY – INCLUDING TREES AND LANDSCAPE FEATURES**
- **PHOTOGRAPHS OF THE PROPERTY AND STRUCTURES IN THEIR PRESENT FORM AND IN CONTEXT, WHERE APPROPRIATE INCLUDE INTERNAL PHOTOGRAPHS.**
- **HISTORICAL BACKGROUND TO THE PROPERTY**
- **ANY ADDITIONAL PERTINENT INFORMATION REGARDING THE SITE**
- **ANY INFORMATION YOU BELIEVE WILL ASSIST A COMMITTEE TO ASSESS YOUR APPLICATION.**

10. APPLICANT (Please note that all correspondence will be addressed to the Applicant unless otherwise requested)

Name: _____

Address: _____

Post Code: _____

Telephone: (____) _____ Fax: (____) _____ Cell: _____

E-mail: _____

Applicant ID Number: _____ I,

_____ undertake to fully observe the terms, conditions, restrictions, bylaws and directions under which PHRA may issue the permit to me.

Applicant Signature: _____

Place: _____ Date: _____

NOTE:

- **UNLESS THIS FORM IS SIGNED BY THE APPLICANT AND THE OWNER IT WILL NOT BE PROCESSED.**
- **IT IS A CRIMINAL OFFENCE IN TERMS OF THE NATIONAL HERITAGE RESOURCES ACT TO MAKE ANY FALSE STATEMENT OR REPRESENTATION IN THIS APPLICATION.**
- **FAILURE TO COMPLY WITH THE REQUIREMENTS OF THE NATIONAL HERITAGE RESOURCES ACT CONSTITUTES A CRIMINAL OFFENCE.**
- **APPLICATIONS ARE CONSIDERED TO BE PUBLIC DOCUMENTS, AND ARE OPEN TO PUBLIC SCRUTINY, SHOULD YOU WISH YOUR APPLICATION TO BE KEPT CONFIDENTIAL PLEASE TICK THIS BOX AND SUPPLY ON A SEPARATE SHEET YOUR MOTIVATION FOR THIS REQUEST.**

When completed, please return this form to:

ADDRESS:

ECPHRA: BE Administration Officer,
16 Commissioner Street
Old Elco Building, 2nd Floor
East London

OR

EMAIL:

sinazom@ecphra.org.za / info@ecphra.org.za

TELEPHONE:

(043) 492 1941/2