

PROVINCIAL HERITAGE RESOURCES AUTHORITY - GAUTENG
PRIVATE BAG X33, JOHANNESBURG, 2000
38 RISSIK STREET, NBS BUILDING, JOHANNESBURG, 2000
TEL: 011 355 2500 - FAX: 011 355 2878

CHECK LIST FOR APPLICATIONS TO DO ALTERATIONS AND DEMOLITIONS.

- All documents must be bound in an A4 Format and filed in the same order as this Checklist.
- Plans are to be folded to an A4 size and placed in a plastic folder/s at the back of your file.
- Photographs must be printed in colour and on an A4 page/s and clearly labelled. E.g. the Facade' of the property, the back of the property, etc.
- Complete this checklist comprehensively and attach it to your application.
- Incomplete applications will not be processed! In order to prevent unnecessary delays and frustration, it is therefore suggested that you tick the attached checklist and then submit it together with the rest of the application documents.

A.	COMPLETED APPLICATION FORM (301)			
B.	PROPOSED PLAN (X3 COPIES)	2 SETS COLOURED IN. (One approved and stamped set will be returned to the applicant.)		
		1 SET NOT COLOURED IN		
C.	CLEAR COLOUR PHOTOGRAPHS: (Alterations):- All elevations & Interior – where applicable. (Labelled and Context.)			
		(Total demolitions):- All elevations & Interior – full interior.(<u>Labelled and Context</u> .)		
	STREET ELEVATIONS OF NEIGHBOURING PROPERTIES – COLOUR: - (Neighbours on the sides and across the road): - (Alterations & Total Demolitions) (Labelled elevations and Context.)			
	STREETSCAPE OF AREA IN FRONT OF			
D.	(Alterations & Total Demolitions) (Labelled street views taken in both directions.) COPY OF ORIGINAL BUILDING PLAN.			
]	(If the Local Authority does not have the original (First) plans, then an official letter from the Local Authority, stating that no plans are available, will be required.)			
	5 ,	, , ,		
E.	LOCALITY PLAN			
	(Copy of a page from a map book with the position of the property indicated.)			
F.	SITE DEVELOPMENT PLAN (SDP)			
G.	HISTORICAL BACKGROUND INFORMATION,			
	OWNERSHIP & ARCHITECTURAL.			
H.	COMMENTS – STATE-OWNED PROPER	IY (NATIONAL)		
I.	PROOF OF INVITATION FOR COMMENTS FROM INTERESTED / AFFECTED PARTIES.			
	(All Total Demolitions & All State-owne	d building). Expiry date of the Advertisement / Invitation:		
	COMMENTS DESCRIVED FROM TAITEDES	TED DADTIEC (Off:-i-1)		
J.	COMMENTS RECEIVED FROM INTERESTED PARTIES. (Official use)			
K.		ST / BODY, SHOULD THE BUILDING BE SITUATED IN A HERITAGE		
	AREA.			
L.	SIZE OF STAND (m ²)			
М.	OTHER (Specify)			

Application red	ceived:	
Notified of out	tstanding info:	
Outstanding in	nfo received:	
Please note th	at the application time period is 8 -	10 weeks from the date when all outstanding info has been received.

All documents must be clearly numbered / labelled, each in a plastic folder and come in a Croxley Transclear two-ring binder file. Please note that loose documents will not be accepted

Application Form 301

OFFICIAL USE ONLY:

	PHRAG Ref:
	Date received:
	Application No:
	Application approved:
	Not approved:
	Date of permit notification:
APPLICATI To destroy, damage, deface, excavate, alter, remove from its planning status of a Provincial Heritage Site or a Provision Structure 60 years old or more, as protected in terms of the	original position, subdivide or change the nally Protected Place, or to alter or demolish a
PLEASE FILL IN <u>ALL</u> SECTIONS RELATING TO YO	OUR APPLICATION.
1. APPLICANT	
Name:	
Address:	
Post Code: Telephone:	Fax:
Identity Number:	E-mail:
2. OWNER OF PROPERTY (when this is r	not the applicant)
Name:	
Address:	
Post Code: Telephone:	Fax:
Identity Number:	E-mail:
Signature:	Date:

3.	SITE (indicate by mea	ns of a cross in the approp	riate space/s below):
0 0	Provisionally Protected Structure older than 60	Place	ment) Gazette No:
Currer	nt use:		
Propos	sed Use:		
Name	of Property:		
Addre	ss:		
Erf/St	tand/Farm no:		
Magis	terial District:		
Addre	ss of Local Authority:		
4.	NAME AND ADDRES	SS OF PRIMARY RESPON	NSIBLE AGENT
Name	::		
Quali	fication:		
Comp	oany:		
Addre	ess:		
Post C	Code: Telephone:	Fax:	e-mail
5.	PROPOSED WORK (Space/s below):	indicate by means of a cros	ss in the appropriate
5.1.	Total Demolition	☐ Alteration	☐ Subdivision
	Partial Demolition	☐ Restoration	☐ Rezoning
	Excavation	☐ Landscaping	☐ Departure
Other			

5.2. Drawing Refere	ence Numbers and th	neir Dates:		
5.3. Detail the mann	er in which the prop	oosed work is car	ried out:	
				• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •
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			• • • • • • • • • • • • • • • • • • • •	
	Proposed Work (pleapriate. This space may be			
5.5. Approximate va	ilue of proposed wor	rk: R		
5 6 Old buildings -	acrina anagial tuaatm		maaifiaatiama taab	

5.6. Old buildings require special treatment in terms of specifications, techniques and planning of alterations:

5.6.1. What experience does the Primary Agent have in working with historical sites?
5.6.2. What experience does the contractor working on the site have in working with historical sites?
6. APPLICANT
I,
Signature:
Place: Date:
WELLS TO A GOLDANY WING FORM

ITEMS TO ACCOMPANY THIS FORM:

- THREE SETS OF DRAWINGS, TWO OF WHICH MUST BE COLOURED-UP
- PHOTOGRAPHS OF STRUCTURES IN THEIR PRESENT FORM AND IN CONTEXT
- ANY OTHER INFORMATION REQUESTED BY PHRA-G

PLEASE NOTE:

- PERMISSION WILL BE GRANTED OR DECLINED BY MEANS OF AN OFFICIAL PHRA-G PERMIT. NO VERBAL PERMISSION WILL BE BINDING
- UNLESS THIS FORM IS SIGNED IT WILL NOT BE PROCESSED
- IT IS AN OFFENCE IN TERMS OF THE NATIONAL HERITAGE RESOURCES ACT TO MAKE ANY FALSE STATEMENT OR REPRESENTATION IN THIS APPLICATION