



PROVINCIAL HERITAGE RESOURCES AUTHORITY - GAUTENG

PRIVATE BAG X33, JOHANNESBURG, 2000
35 RISSIK STREET, SURREY HOUSE, 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 as 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: <i>(Alterations):- All elevations & Interior – where applicable. (Labelled and Context.)</i> <i>(Total demolitions):- All elevations & Interior – full interior.(Labelled and Context.)</i>	
	STREET ELEVATIONS OF NEIGHBOURING PROPERTIES – COLOUR: - (Neighbours on the sides and across the road): - <i>(Alterations & Total Demolitions) (Labelled elevations and Context.)</i>	
	STREETScape OF AREA IN FRONT OF THE PROPERTY – COLOUR: - <i>(Alterations & Total Demolitions) (Labelled street views taken in both directions.)</i>	
D.	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.)	
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 PROPERTY (NATIONAL)	
I.	PROOF OF INVITATION FOR COMMENTS FROM INTERESTED / AFFECTED PARTIES. (All Total Demolitions & All State-owned building). Expiry date of the Advertisement / Invitation:	
J.	COMMENTS RECEIVED FROM INTERESTED PARTIES. (Official use)	
K.	A LETTER FROM THE HERITAGE TRUST / BODY, SHOULD THE BUILDING BE SITUATED IN A HERITAGE AREA.	
L.	SIZE OF STAND (m ²)	
M.	OTHER (Specify)	

Application received: _____
 Notified of outstanding info: _____
 Outstanding info received: _____

Please note that the application time period is 8 – 12 weeks from the date when all outstanding info has been received.

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

OFFICIAL USE ONLY:
PHRAG Ref:
Date received:
Application No:
Application approved:
Not approved:
Date of permit notification:

APPLICATION

To destroy, damage, deface, excavate, alter, remove from its original position, subdivide or change the planning status of a **Provincial Heritage Site or a Provisionally Protected Place, or** to alter or demolish a **Structure 60 years old or more**, as protected in terms of the National Heritage Resources Act 25 of 1999.

PLEASE FILL IN ALL SECTIONS RELATING TO YOUR APPLICATION.

1. APPLICANT

Name:

Address:

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Post Code: Telephone: Fax:

Identity Number: E-mail:

2. OWNER OF PROPERTY (when this is not the applicant)

Name:

Address:

Post Code: Telephone: Fax:

Identity Number: E-mail:

Signature: Date:

3. SITE (indicate by means of a cross in the appropriate space/s below):

- Provincial Heritage Site (previously a National Monument) Gazette No:
- Provisionally Protected Place
- Structure older than 60 years
- Situated Within a Heritage Area (previously Conservation Area)

Current use:

Proposed Use:

Name of Property:

Address:

Erf /Stand/Farm no:

Magisterial District:

Address of Local Authority:

**4. NAME AND ADDRESS OF PRIMARY RESPONSIBLE AGENT
(Architect, Designer, etc.)**

Name:

Qualification:

Company:

Address:

Post Code: Telephone: Fax: e-mail.....

**5. PROPOSED WORK (indicate by means of a cross in the appropriate
Space/s below):**

5.1.

- | | | |
|---|--------------------------------------|--------------------------------------|
| <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"/> Departure |

Other:

5.2. Drawing Reference Numbers and their Dates:

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5.3. Detail the manner in which the proposed work is carried out:

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5.4. Motivation For Proposed Work (please motivate fully, with reference to conservation principles where appropriate. This space may be used for additional details required above)

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5.5. Approximate value of proposed work: R

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?

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5.6.2. What experience does the contractor working on the site have in working with historical sites?

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6. APPLICANT

I,
Undertake fully to observe the terms, conditions, restrictions, regulations, guidelines and directions under which the Provincial Heritage Resources Agency - Gauteng may issue the permit to me.

Signature:

Place: Date:

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**

