**APPLICATION FOR A PERMIT**

**SECTION 27 AND SECTION 36**

***IN TERMS OF SECTION 36 (3) OF THE NATIONAL HERITAGE RESOURCES ACT, 1999 (ACT NO. 25 OF 1999) NO PERSON MAY, WITHOUT A PERMIT ISSUED BY THE RELEVANT HERITAGE RESOURCES AUTHORITY:***

***(A) DESTROY, DAMAGE, ALTER, EXHUME OR REMOVE FROM ITS ORIGINAL POSITION OR OTHERWISE DISTURB THE GRAVE OF A VICTIM OF CONFLICT, OR ANY BURIAL GROUND OR PART THEREOF WHICH CONTAINS SUCH GRAVES;***

***(B) DESTROY, DAMAGE, ALTER, EXHUME OR REMOVE FROM ITS ORIGINAL POSITION OR OTHERWISE DISTURB ANY GRAVE OR BURIAL GROUND OLDER THAN 60 YEARS WHICH IS SITUATED OUTSIDE A FORMAL CEMETERY ADMINISTERED BY A LOCAL AUTHORITY; OR***

***(C) BRING ONTO OR USE AT A BURIAL GROUND OR GRAVE REFERRED TO IN PARAGRAPH (A) OR (B) ANY EXCAVATION EQUIPMENT, OR ANY EQUIPMENT WHICH ASSISTS IN THE DETECTION OR RECOVERY OF METALS.***

**HWC Reference No:** *To be completed by applicant*

**PRESCRIBED FEE PAID: PROOF OF PAYMENT**

*FOR OFFICE USE ONLY*

*GRADING*

**DETAILS OF SITE, PLACE OR STRUCTURE/ DETAILS OF SOURCE OF ARCHAEOLOGICAL MATERIAL**

Physical address of site or GPS Co-ordinates:

Erf/Stand/Farm name and number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of burial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of site, place or structure (indicate by means of a cross in the appropriate space(s) below):

Provincial heritage site (or a previously declared national monument in terms of the National Monuments Act, 1969) or a provisionally protected place (previously a provisionally declared national monument in terms of the National Monuments Act, 1969 (section 27)) or a provisionally protected heritage site in terms of Section 29 of the National Heritage Resources Act (1999).

Archaeological or Palaeontological Site/Area/Material or Meteorite (section 35)

A grave or burial ground older than 60 years which is situated outside a formal cemetery administered by a local authority.

**NAME AND ADDRESS OF APPLICANT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration: I, herewith declare that I intend to undertake to the actions as proposed in this application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTERED OWNER OF PROPERTY**: (if the applicant is not the registered owner of the property; or if the application is made on behalf of the registered owner, a power of attorney must be attached)

Name:

Address: Postal code: Cellular phone number: E-mail: Identity number of applicant:

Declaration: I, am fully aware of this application and accept its contents.

Signature: Date:

**PROPOSED TYPE OF ACTION** (indicate by means of a cross in the appropriate block(s) below):.

Type of work/Nature of activity:



**Destruction or Damage (Alteration, additions restoration on a historical grave, burial ground or cemetery)**

**Exhumation and re-interment (Removal from original site)**

**Reburial and repatriation**

**Excavation (Bring into use a metal detector or other equipment)**

**Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Re-application for permit: Date and number of previous permit: (dd/mm/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF COLLABORATING INSTITUTION (IF APPLICABLE):**

Name of Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Head of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Postal code: Cellular phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration of the Head of the collaborating institution:

I, hereby declare that the applicant will be based at this institution while undertaking the project and that I support the application.

Signature:

Date:

**DETAIL OF AND MOTIVATION FOR THE ACTION PROPOSED**

Provide a PROJECT DESCRIPTION AND MOTIVATION including relevant historical background, motivation for use of mechanical equipment and plans for conservation of the burial or burial ground after the planned action, which must be supported by accompanying documentation including:

1. LOCALITY PLAN showing where the site is and a SITE PLAN showing the layout of the property and pertinent features relevant to the planned action.
2. SITE DESCRIPTION
3. REBURIAL OR REPATRIATION PLAN The procedure and details regarding the process of reburial and repatriation
4. VISUAL AIDS including photographs, videos of the site in its present form, where appropriate. Please provide captions and dates to all photographs.
5. REPOSITORY AGREEMENT (An accredited institution where temporary or permanent storage place of the human remains)
6. Details and outcome of any PREVIOUS SUBMISSIONS made to any other authority (the former National Monuments Council (NMC), SAHRA, etc.) in respect to this application.
7. Plans for conservation of the site after the action

**CONSULTATION**

*Public Consultation is required in terms of the HWC Public Consultation Guideline (2016). If applicable, this must include comment from relevant descendants, associated communities or organisations.*

**Conservation bodies**

Conservation bodies are interested parties in the management of our heritage resources. Heritage Western Cape requires that registered conservation bodies are informed and provided with 30 days to comment when applications are received for particular geographical areas or categories of heritage resources in terms of section 25(1 ) of the National Heritage Resources Act, 1999. Please find the list of registered conservation bodies on our website [www.hwc.org.za](http://www.hwc.org.za/)

**PLEASE NOTE**

**Unless the applicant and the registered owner sign the application form, the form will not be processed by Heritage**

**Western Cape.**

**Applications are considered to be public documents and are open to public scrutiny. Should you wish your application to be kept confidential, please motivate your request on a separate sheet attached to your application form. For applications that are granted confidentiality, this confidentiality will be limited to one year (12 months).**

**If the permit is issued,**