

Annexure B

APPLICATION FOR AN ARCHAEOLOGICAL PERMIT

TO DESTROY, DAMAGE, EXCAVATE, ALTER, DEFACE OR OTHERWISE DISTURB
ANY ARCHAEOLOGICAL SITE,

OR

DESTROY, DAMAGE, EXCAVATE, REMOVE FROM ITS ORIGINAL POSITION,

OR

COLLECT ANY ARCHAEOLOGICAL MATERIAL OR OBJECT

OR

BRING ONTO OR USE AT AN ARCHAEOLOGICAL SITE ANY EXCAVATION
EQUIPMENT OR ANY EQUIPMENT THAT ASSISTS IN THE DETECTION OR
RECOVERY OF METALS OR ARCHAEOLOGICAL MATERIAL OR OBJECTS,

PROTECTED IN TERMS OF SECTION 35(4) OF THE NATIONAL HERITAGE
RESOURCES ACT (ACT 25 OF 1999)

FILL IN ALL SECTIONS RELATING TO YOUR APPLICATION.

1. DETAILS OF ARCHAEOLOGICAL SITE

- 1.1 Name and physical address of site:
- 1.2 Erf/Stand/Farm name and number:
- 1.3 Type of site (Provide a short description of the site, on a separate sheet):
- 1.3.1 Period, era, age or date of site:
- 1.4 Magisterial district in which the site, place or structure is situated (essential):
- 1.4.1 Planning authority (if known):
- 1.5 Is the site a declared provincial heritage site or provisionally protected place? YES / NO
If so, please attach a photocopy of the gazette notice or provide the following information:
- 1.5.1 Date of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette*
(dd/mm/yy) (if known):
- 1.5.2 Number of notice of declaration or provisional protection in the *Government Gazette* or *Provincial Gazette* (if known):
- 1.5.3 Number of *Government Gazette* or *Provincial Gazette* (if known):
- 1.5.4 Date of publication of the *Government Gazette* or *Provincial Gazette* (dd/mm/yy) (if known):
- 1.6 Current use of property:
- 1.7 Cadastral or geographical co-ordinates of the site, place or structure (Mark the position of the site on a copy of a 1:10 000 map / aerial photograph or a 1:50 000 map and include this in your application):
- 1.7.1 Name and number of 1:50 000 (or larger scale) map:
- 1.7.2 Latitude and longitude (where possible supply decimal version):
- 1.7.3 Spatial Referencing System:
 Global position Datum: Old Cape / WGS84 / Other (Please specify date of reading):
- Trigonometry Date of map:
- Other Date of recording:

2. DETAILS OF THE APPLICANT

- 2.1 Name and Title:
- 2.2 Address:
- 2.3 Postal code:
- 2.4 Contact numbers:
- 2.4.1 Telephone area code: (.....) Telephone number: (w) (h)
- 2.4.2 Facsimile area code: (.....) Facsimile number:

- 2.4.3 Cellular phone number:
- 2.4.4 E-mail:
- 2.5 Qualifications and experience of the applicant:
- 2.6 Current academic status of the applicant:
- 2.7 Identity number / Passport number of the applicant:

2.8 Declaration of applicant: I,
 hereby declare that I undertake to comply with the conditions and restrictions or directions under which
 Heritage Western Cape may issue the permit for which I am applying.

Signature of applicant: _____ Date:

2.9 Declaration of Research Supervisor if applicant is a research student:
 I,
 hereby declare that I will support this project and will assist the student to comply with the conditions
 and restrictions or directions under which Heritage Western Cape may issue the permit for which this
 student is applying.

Signature of Research Supervisor: _____ Date:

**3. NAME AND ADDRESS OF AUTHORISED REPRESENTATIVE(S) OF THE APPLICANT
 WHO WILL BE PERMANENTLY ON SITE DURING THE ACTION**

- 3.1 Name and Title:
- 3.2 Address:
- 3.3 Postal code:
- 3.4 Contact Details:
- 3.4.1 Telephone area code: (.....) Telephone number:
- 3.4.2 Facsimile area code: (.....) Facsimile number:
- 3.4.3 Cellular phone number:
- 3.4.4 E-mail:
- 3.5 Identity number:
- 3.6 Qualifications and/or relevant experience of authorised representative/s:

3.7 Will the authorised representative/s undertake the actions under supervision of the applicant? Yes/No

3.8 Declaration: I, hereby declare that I
 will undertake the actions under the supervision of the applicant.

Signature of authorised representative: _____ Date:

**4. DETAILS OF THE REGISTERED OWNER OF THE SITE (A letter from the owner giving the following details and
 comment on the planned action may be submitted)**

- 4.1 Name and Title:
- 4.2 Address:
- 4.3 Postal code:
- 4.4 Contact detail
- 4.4.1 Telephone area code: (.....) Telephone number:
- 4.4.2 Facsimile area code: (.....) Facsimile number:
- 4.4.3 Cellular phone number:
- 4.4.4 E-mail:
- 4.5 Identity number:

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

Signature of owner: _____ Date:

4.7 Comments from owner on planned action (if any)

5. PURPOSE OF THE APPLICATION (place a cross in the appropriate block(s) below)

- 5.1 Type of work/Nature of activity:
- 5.1.1 Destruction for the purpose of:
 - Analysis Dating Restoration Other
- 5.1.2 Damage for:
 - Analysis Dating Restoration Other
- 5.1.3 Excavation
- 5.1.4 Alteration
- 5.1.5 Defacement
- 5.1.6 Disturbance
- 5.1.7 Removal from its original position
- 5.1.8 Collection
- 5.1.9 Use of excavation equipment or any equipment that assists in the detection or recovery of metals or archaeological material or objects
(If relevant, provide a motivation for the use of mechanical excavation equipment or any equipment that assists in the detection or recovery of metal or archaeological material or objects.)
- 5.1.10 Removal of graffiti at a rock art site
- 5.2 Period for which the permit is required (maximum three years)/ Proposed date of completion of activity:
From: To:
- 5.4 Re-application for permit Date and number of previous permit: (dd/mm/yy)

6. DESCRIPTION OF AND MOTIVATION FOR THE ACTION PROPOSED

(Provide a short description of the proposed action which must be supported by the documentation specified in 7 and 9 hereunder, as well as a full motivation for the proposed action, with reference to conservation policy and/or principles, where appropriate.)

7. DETAILS OF COLLABORATING INSTITUTION WHERE THE APPLICANT WILL BE BASED WHILE UNDERTAKING THE PROJECT

- 7.1 Name of the collaborating institution:
- 7.2 Name and Title of Head of the collaborating institution:
- 7.3 Identity number of the Head of the collaborating institution:
- 7.4 Address:
- 7.5 Postal code:
- 7.6 Telephone area code: (.....) Telephone number:
- 7.7 Facsimile area code: (.....) Facsimile number:
- 7.8 Cellular phone number:
- 7.9 E-mail:

7.10 Declaration of the Head of the collaborating institution: I, of the hereby declare that the applicant will be based at this institution while undertaking the project and that I support the application.

Signature of the Head of the collaborating institution: _____ Date:

DETAILS OF THE COLLABORATING INSTITUTION WHERE MATERIALS AND RECORDS WILL BE STORED AND CURATED

- 8.1 Name of the collaborating institution:
- 8.2 Name and title of Head of the collaborating institution:
- 8.3 Identity number of the Head of the collaborating institution:
- 8.4 Address:
- 8.5 Postal code:
- 8.6 Telephone area code: (.....) Telephone number:
- 8.7 Facsimile area code: (.....) Facsimile number:
- 8.8 Cellular phone number:
- 8.9 E-mail:

- 8.10 Declaration of the Head of the collaborating institution: I,,
in my capacity as of the
..... hereby declare that the collaborating institution has an official
written collections policy and undertakes to store and curate the material and records from this project,
once completed.

Signature of the Head of the collaborating institution: _____ Date:

DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- 9.1 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.
- 9.2 SITE DESCRIPTION (see 1.3).
- 9.3 PROJECT DESCRIPTION AND MOTIVATION including relevant scientific background, motivation for use of mechanical equipment and plans for conservation of the site after the planned action (see 6) including plans for conservation of the site after the action.
- 9.4 VISUAL AIDS including photographs, videos of the site in its present form, where appropriate. Please provide captions and dates to all photographs.
- 9.5 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.
- 9.6 ANY ADDITIONAL PERTINENT INFORMATION that you believe will assist Heritage Western Cape to consider your application.

PLEASE NOTE:

- 10.1 Unless both the applicant and the head of the department / head of the institution which curates the material, sign the application form, and the registered owner either signs or supplies a letter approving the project, this form will not be processed by Heritage Western Cape.
- 10.2 **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.**

When completed, please return this form to:

The Secretariat
Heritage Western Cape Permit Committee
Private Bag X9067
CAPE TOWN
8000

Telephone: 021 424-0410
Fax 021 424-0457