



**APPLICATION FOR AMENDMENTS / ALTERATIONS / ADDITIONS TO PLANS**

Date of Submission	
HOA Evaluator	

Stand No		Ext	
Owner Name & Surname		Owner E-Mail	
Architect Name		Architect Contact No	
Architect SACAP No		Architect E-Mail	

**SPECIFY CHANGES:** Please clearly list the deviations from original approved plans on the new alterations / additions / amendments form. Clearly mark deviations with revision clouds on plan.

<b>FAR:</b>	<b>NEW COVERAGE:</b>	<b>FF TO GF RATIO:</b>

**COMMENTS: (For office use)**


<b>APPROVAL</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved Conditionally
<b>EVALUATOR:</b>	<b>DATE:</b>		

I hereby confirm that all changes made to these drawings have been highlighted and stipulated. Changes made and not highlighted will not be deemed approved under this submission.

\_\_\_\_\_  
SIGNATURE: ARCHITECT

\_\_\_\_\_  
DATE

