Form F: 2020 Rev 1

HELDERFONTEIN
ESTATE

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.		
FAR:	**NEW COVERAGE:**	**FF TO GF RATIO:**

COMMENTS: (For office use)

APPROVAL	☐ Approved	☐ Not Approved	☐ Approved Conditionally
EVALUATOR:	**DATE:**		

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

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