Form F: June 2023

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:**

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

+27 12 663 3371/5 (t) https://studiousaesthetics.co.za/
10 baobab nook zwartkops x4 centurion 0157
po box 9329 centurion 0046

studious aesthetics

COMMENTS: (For office use)

APPROVAL STATUS	☐ Approved DATE 1:	☐ Not Approved	☐ Conditionally Approved, Yes	Demerits:
	☐ Approved DATE 2:	☐ Not Approved	☐ Conditionally Approved, Yes	Demerits:
	☐ Approved DATE 3:	☐ Not Approved	☐ Conditionally Approved, Yes	Demerits:
	☐ Approved DATE 4:	☐ Not Approved	☐ Conditionally Approved, Yes	Demerits: