

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. | | | | |
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| NEW COVERAGE: | FF TO GF RATIO: | | | |
| | lease clearly list the deviations from / amendments form. Clearly mark de | | | |

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



| COMMENTS: (For office use) | | | | | |
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| APPROVAL STATUS | □ Approved DATE 1: | □ Not Approved | Conditionally Approved, Yes | |
|-----------------|---|----------------|-----------------------------|--|
| | Approved DATE 2: | Not Approved | Conditionally Approved, Yes | |
| | Approved DATE 3: | Not Approved | Conditionally Approved, Yes | |
| | Approved DATE 4: | Not Approved | Conditionally Approved, Yes | |

