

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.				
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)					

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	

