



ARCHITECTURAL ACCREDITATION APPLICATION

*By signing this document, I undertake that this agreement is valid and binding on all the relevant Century Property.
 NI. Waterfall, Helderfontein & Blue Hills.*

YEAR _____ (To be submitted annually)

Name and Surname	
Company Name	
SACAP Registration Number	Pr. Arch
Date of Expiry	
Contact Number/s	
E-Mail Address	
Postal Address	

REQUIRED ACCREDITATION DOCUMENTATION	RECEIVED
Copy of SACAP Certificate	
Signed Design Undertaking	

*** Applications are subject to the success and approval of first submissions.**

ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS

I, the undersigned _____
 Hereby acknowledge that:

1.	I am acquainted with the current required design principles and values of Helderfontein and agree to apply these to my submissions.
2.	I have accepted and signed the design undertaking as pertains to Helderfontein.
3.	I am aware of the plan submission and approval processes as pertains to Helderfontein.
4.	Accreditation is valid for the current calendar year only and renewal is not automatic.
5.	I will only submit plans of my own design.
6.	Should my SACAP registration be revoked for any reason, I will inform the Aesthetics committee accordingly.
7.	I understand and agree to abide by the demerit points system and any possible suspension there from.

ARCHITECT		
AESTHETICS COMMITTEE		
	SIGNATURE	DATE