

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:

SIGNATURE: ARCHITECT

DATE _____

[illegible]

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