

Val de Vie Phase 1 Guideline - Check List - Alterations & Additions R01

SG/ERF NO SACAP REG. NO. DATE SUBMITTED

OWNER EMAIL TEL

ARCHITECT EMAIL TEL

AREA OF SITE:

CURRENT AREA OF HOUSE:

ADDITIONAL AREA OF HOUSE:

DESCRIPTION OF PROPOSED ALTERATION:

ARE ALL CHANGES TO THE ORIGINALLY APPROVED DRAWINGS CLOUDED AND LABELED ON THE DRAWINGS

ARE ALL CHANGES COLOURED ON THE PLANS AND SECTIONS

I CONFIRM THAT THE PLAN SUBMITTED IS COMPLIANT WITH THE CURRENT VAL DE VIE GUIDELINES

SIGNED ARCHITECT DATE

OWNER DATE

IF NO - PLEASE LIST AND MOTIVATE ANY DEVIATIONS WHICH MAY BE REQUIRED FOR APPROVAL OF THE PLAN

(PLEASE USE SEPARATE SHEET IF REQUIRED)

FOR COMMENT BY HOA

PLAN APPROVED PLAN NOT APPROVED