

(Registration number: 2002/027184/08)

APPLICATION FOR APPROVAL OF BUILDING PLANS

Indicate applicable application with X

NEW DEVELOPMENT		ALTERATIONS		AMENDMENTS		ADDITIONS	
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OWNER DETAILS			
NAME & SURNAME			
STAND NUMBER		STREET NAME	
CELL NUMBER		EMAIL ADDRESS	

ARCHITECT DETAILS			
NAME & SURNAME			
SACAP NUMBER		COMPANY	
CELL NUMBER		EMAIL ADDRESS	

BUILDER DETAILS			
NAME & SURNAME			
NHBRC REG.		COMPANY	
CELL NUMBER		EMAIL ADDRESS	

GENERAL INFORMATION	
Floor Area m ² (Ground & First Floor)	
Additions Floor Area m ² (If Applicable)	
Site Area m ²	
Site Coverage	

PLAN SUBMISSION FEE STRUCTURE

APPLICATION FOR NEW FULL TITLE (1 UNIT) / DUET STANDS (2-4 UNITS)				
TYPE OF SUBMISSION (PER STAND)	PLAN FEE	DEPOSIT (PARTIALLY REFUNDABLE)	ROAD FUND (NON-REFUNDABLE)	TOTAL
Includes 2x plan screening & 2x site inspections	R5500.00	R7000.00	R3000.00	R15 500.00
Additional & As-Built submissions	R1000.00 per review	N/A	N/A	R1000.00 per review
APPLICATION FOR NEW SECTIONAL TITLE – (5 OR MORE UNITS)				
TYPE OF SUBMISSION (PER STAND)	PLAN FEE	DEPOSIT (PARTIALLY REFUNDABLE)	ROAD FUND (NON-REFUNDABLE)	TOTAL
Includes 2x plan screening & 2x site inspections	R11 000.00	R20 000.00	R6000.00	R37 000.00
Additional submissions	R2000.00 per review	N/A	N/A	R2000.00 per review
ADDITIONS / AMENDMENTS / ALTERATIONS				
TYPE OF SUBMISSION (PER STAND)	PLAN FEE	DEPOSIT (PARTIALLY REFUNDABLE)	ROAD FUND (NON-REFUNDABLE)	TOTAL
0 – 100m ²	R1000.00	R3500.00	N/A	R4500.00
Larger than 100m ²	R1000.00	R3500.00	R1500.00	R6000.00

PAYMENT DETAILS	
BANK	ABSA Bank
ACCOUNT NAME	Six Fountains HOA
ACCOUNT NUMBER	405 704 5459
BRANCH CODE	632 005
REFERENCE	Plans – (Erf Number)

Please request a pro-forma invoice from the Six Fountains Office prior to payment. Once payment has been made, proof may be sent to info@sixfountainshoa.co.za

I, the undersigned, hereby acknowledge that I will abide to the latest Rules and Regulations of Six Fountains HOA.

Signature

Date