Caledon Estate
Lee Barns Boulevard Ballito

PO Box 55
Zimbali 4418

Estate Manager Cell: 067 126 8695
Email: manager@caledonestate.co.za
Managing Agent: info@inspiredmanagement.co.za
Caledon Trustees: trustees@caledonestate.co.za

BOGMORE HOME OWNERS ASSOCIATION
BUILDING ADDITIONS APPLICATION

I, (Full Name) _____

Telephone: H_____C_____W_____

Email Address _____

as the Owner of Property_____Erf NO._____

do hereby request, as a member of BOGMORE HOMEOWNERS ASSOCIATION, to commence:

☐ Fencing ☐ DSTV satellite dish ☐ External blinds ☐ Burglar bars ☐ Carports ☐ Other

_____

_____

_____

I, and all contractors appointed, shall adhere to the Condcut Rules of the Bogmore Home Owners Association as well as the Architectural and Building Code provided by the Association.

I agree to pay a fee, to be charged on my levy statement for the following amount of R100 for the application.

IF I DO NOT COMPLY WITH THE ABOVE THE BOGMORE HOME OWNERS ASSOCIATION RESERVES THE RIGHT, AT THEIR DISCRETION, TO ISSUE ME WITH A FINE TO BE CHARGED ON MY MONTHLY LEVY ACCOUNT.

NOMINATED CONTRACTOR

Company: _____

Contact Person: _____

Telephone: _____

Email Address: _____

NHBRC No: _____

Enclosed please find the Architectural Drawings and necessary plans for approval.

ONLY ONCE WRITTEN APPROVAL HAS BEEN RECEVIED FROM THE BOGMORE HOME OWNERS ASSOCIATION SHALL I COMMENCE CONSTRUCTION.

SIGNED AT_____THIS_____DAY OF_____20_____

SIGNATURE_____

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BHOA ARCHITECTURAL COMMITTEE
MEMBER APPROVAL

Member Full Name: _____

Unit Nr:_____Stand Nr (Unit No. is sufficient): _____

I agree that I have been presented with a written description and/or sketch plans of the planned alterations and that I have evaluated them in the interest of the estate as described in the BHOA architectural rules and guidelines

Tick relevant box

YES ☐ NO ☐ Signature: _____

RESERVATION WITH THE PROPOSED EXTENSIONS/ ALTERATIONS TO THE PROPERTY

Tick relevant box

Approved: ☐ Signature:_____Date:_____

Approved with reservations: ☐ Signature:_____Date:_____

Not Approved: ☐ Signature:_____Date:_____

_____

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BHOA ARCHITECTURAL COMMITTEE MEMEBERS RECOMMENDATIONS

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____