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 HOMEOWNERS ASSOCIATON
BUILDING 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 HOME OWNERS ASSOCIATION, to commence:

☐ construction of a building

☐ alteration/ renovation to my property

I, and all contractors appointed, shall adhere to the Conduct Rules of the Bogmore Home Owners Association as well as the Architectural and Building Code provided by the Association. I understand that my building is to be completed within ONE YEAR from date of commencement of construction.

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:_____

References_____

_____

Commencement Date of Construction: _____

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

I agree to pay a fee, to be charged on my levy statement for the following amount:

☐ R 500 - application including submission of building plans to construct a dwelling

☐ R 200 - application including submission of building plans for alteration/ renovation

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: _____