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

NEIGHBOUR CONSENT FORM

OWNER'S DESCRIPTION OF PLANNED EXTENSIONS/ALTERATIONS:

Full Name: _____

Unit Nr:_____ERF Nr: _____

Describe in sufficient detail the nature of the envisaged extensions / alterations or refer to attached sketch plans and/or descriptions that will be present and attached when presenting it to your neigbour.

_____

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_____

Owner's signature and date:

_____ Date: _____

Neighbour's signature to confirm that he/she has seen this page and description

_____ Date: _____

BHOA ARCHITECTURAL COMMITTEE MEMBER APPROVAL

Member Full Name: _____

Unit Nr:_____ERF 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: _____

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RESERVATIONS I HAVE WITH THE PROPOSED EXTENSIONS/ ALTERATIONS TO THE PROPERTY

Tick relevant box

Approved: ☐ Signature:_____ Date:_____

Approved with reservations: ☐ Signature:_____ Date:_____

Not Approved: ☐ Signature:_____ Date:_____

_____

_____

_____

BHOA ARCHITECTURAL COMMITTEE MEMBERS RECOMMENDATIONS AND SIGNATURES

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____

Members comments and recommendations: _____

_____

_____

_____

Name:_____ Date:_____ Signature: _____