



INGWELALA

BUILDING APPLICATION FORM

- 1. Contact Person:.....
- 2. Postal Address:.....
.....
.....Code:.....
- 3. Unit No:.....
- 4. Shares Held:.....
- 5. Tel:.....
- 6. Fax:.....

7. Registered Name of shareholding:

8. Description of work to be carried out: (Attach an addendum if necessary)

.....

9. Have you acquired neighbour approval where necessary?.....YES/NO.....

10. Proposed building contractor:

11 Estimated project value: 12. Estimated duration:.....

13. Contractors All Risks Insurance (> R 250.000.00)YES/ NO... (Copy must be received before building can start)

NB: No building will be allowed over weekends or public holidays

This form is to be completed in duplicate, and accompanied by 3 sets of plans showing the proposed alterations or building work and submitted to the Building Committee.

FAX: 015 – 7930056 or P.O. Box 121 Hoedspruit 1380 or reception@ingwelala.co.za

For office use:

Neighbour approval received:..... Date.....
 Contractors all risk insurance received:Date:.....
 Proposed contractor in good standing:Date:.....
 Authorisation letter sent by:Date:

Expiry date of authorisation: