



INGWELALA

## BUILDING APPLICATION FORM

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

7. Registered Name of shareholding: .....

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

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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 500.000.00) .....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***

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**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: .....