

i. REQUEST FOR OTHER ALTERATIONS (Not in Guidelines)

PLEASE FILL OUT IN **BLOCK** LETTERS.

DATE: _____

NAME: _____

ADDRESS: _____

IDENTIFICATION (D.P. / I.D / P.P.): _____

Please tick

UNIT TYPE:



SINGLE



TOWNHOUSE



DUPLEX



APARTMENT

DATE OF (LEASE/LICENCE/AGREEMENT): _____

DD / MM / YY

PHONE: _____

EMAIL: _____

REQUEST(S):

1. _____

2. _____

3. _____



ii. REQUEST FOR EXEMPTIONS AND WAIVERS

Exemptions and waivers of the “Guidelines for Requests for Alterations of Housing Units” are granted in exceptional circumstances.

An application for an exemption or waiver of any aspect of the Guidelines MUST be accompanied by (i) a statement identifying your request,

(ii) the reasons or grounds for your request,

(iii) the documents in support of your request.

(Please tick)

- Medical reports/certificates
- Proposed architectural designs
- Photos of unit
- Photos of proposed area (to be modified)
- Other

SIGNATURE (S):

DATE:.....

.....

DATE:.....

FOR OFFICIAL USE ONLY

COMMENTS/REMARKS: _____

SIGNATURE:

DATE:.....

Legal Department
