



ANCILLARY & TEMPORARY BUILDINGS / TENTS / CONTAINERS / STORAGE / GAZEBOS / CABANAS

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Planning.Dept@gov.ky

Planning Department

APPLICANT INFORMATION

Name _____
Postal Address _____
KY1- _____
Phone (not a cell #) _____
E-mail _____

AGENT INFORMATION

Name _____
Postal Address _____
KY1- _____
Phone (not a cell #) _____
Fax Number _____
E-mail _____

LAND INFORMATION

Block Parcel
Describe any existing development on the site _____
Describe surrounding land uses _____

TYPE OF PROJECT

- After the Fact
- Tent
- Ancillary Building
- Gazebo/Cabana
- Storage Shed
- Tennis Court
- Temporary Building
- Other _____
- Container

PROJECT INFORMATION

Gross Floor Area Existing Building(s) _____ sq.ft.
Floor/Covered Area of Proposed Structure _____ sq.ft.
Structure Height _____ feet

What purpose will the structure be used for? _____

Is the structure Temporary or Permanent? _____
If temporary, indicate planned date of removal. _____
dd/mm/yy

TYPE OF CONSTRUCTION

- | Floor | Roof |
|-----------------------------------|--|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Standing Seam |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Asphalt |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Cement Tile |
| | <input type="checkbox"/> Other _____ |

I hereby certify that the information provided is accurate and true.

Signature _____ Date _____
Applicant/Agent (dd/mm/yy)

COST OF DEVELOPMENT

Materials C I \$ _____
Labour C I \$ _____
Total C I \$ _____

QUALIFICATIONS FOR REVIEW *

- Site Plan (3 Copies) indicating the proposed development(s) on the site, including setbacks.
- Elevations (3 Copies) (except shipping containers). For existing & similar new structures. Photographs may be acceptable.
- Proof of notice to all adjacent properties, except those applications related to a house or a duplex.
- Registry Map & Land Register (less than 60 days old) (1 Copy Each)
- Application Fee

Accepted By _____
Date _____ Time _____

Note that supplying these requirements does not guarantee approval or permit

For Official Use Only

PLN Fee \$ _____
Fee Rate _____
Fee Rate _____
Date Paid _____
File No. _____
Project No _____
Project No _____
Code Enforcement No(s) _____
Bldg Permit No(s) _____

P.O. Box 113
Grand Cayman
KY1-9000
Cayman Islands

Visit us @ www.planning.gov.ky

Date Stamp

Planning Approval Stamp

Planning Fee Paid Stamp

Building Permit Paid Stamp