

ANTENNA/WIND TURBINE



345.769.7526(P)
345.769.2922(F)
Planning.Dept@gov.ky

Planning Department

APPLICANT INFORMATION

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

AGENT INFORMATION

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

LAND INFORMATION

Block Parcel
Describe Existing Development (if any) on the site _____

TYPE OF PROJECT (check all that apply):

- After the Fact Wind Turbine
 Antenna

PROJECT INFORMATION

Height _____ Intended Use _____
WGS84 Coord. _____

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

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

COST OF DEVELOPMENT

Materials	CIS	_____
Labour	CIS	_____
Total	CIS	_____

QUALIFICATIONS FOR REVIEW *

- Proof of notice to all adjacent properties
 Site Plan (3 Copies) illustrating the proposed development(s) on the site including setbacks.
 Two (2) elevations
 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 \$ _____	BP Fee \$ _____
Fee Rate _____	Fee Rate _____
Fee Rate _____	Discharge Fee \$ _____
Date Paid _____	Date Paid _____

File No _____
Project No _____
Project No _____
Code Enforcement No(s) _____
Building Permit No(s) _____

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

Date Stamp

Planning Approval
Stamp

Planning Fee
Paid Stamp

Building Permit
Paid Stamp