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Planning Department

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

L:\application forms\clearing land.pub

CLEARING LAND BY MECHANICAL MEANS

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

PROJECT INFORMATION

Proposed area to be cleared_____ ☐ sq.ft. ☐ acres
Why are you proposing to clear the land?_____
_____
Will the proposed clearing involve any leveling of land
Yes ☐ No ☐

Where will the debris be disposed of? _____
_____

Proposed date of commencement _____
dd/mm/yy
Proposed hours of operation_____AM_____PM

Proposed clearing period_____
(Length of time to complete earthwork) (days/months/years)

I hereby certify that the information provided is accurate and true.
*Signature*_____*Date*_____
Applicant/Agent *(dd/mm/yy)*

COST OF DEVELOPMENT

Materials CI$_____
Labour CI$_____
Total CI$_____

QUALIFICATIONS FOR REVIEW *

*Accepted By*_____
*Date*_____*Time*_____

☐ Site Plan (2 copies) indicating the proposed extent of land clearing and mature vegetation to be removed as well as that to be retained.
☐ Notifications
☐ Registry Map & Land Register (less than 60 days old) (1 copy each)

For Official Use Only

*PLN Fee $*_____
*Fee Rate*_____
Date Paid _____

File No_____
Project No(s)_____
Code Enforcement No(s)
_____

Date Stamp

Planning Approval Stamp

Planning Fee Paid Stamp