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

Planning Department

Visit us @: www.planning.gov.ky

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

DOCKS / SEAWALLS / BULKHEADING DAVITS/BOAT LANDINGS

APPLICANT INFORMATION

Name_____
Postal Address_____
KY1-_____
Phone *(not a cell #)*_____

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
_____

TYPE OF PROJECT

- ☐ **After the Fact**
- ☐ Dock
- ☐ Seawall
- ☐ Bulkheading
- ☐ Boat Landing
- ☐ Davit
- ☐ Other _____

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*_____

- ☐ Proof of notice to all adjacent properties except those applications related to a house or a duplex
- ☐ Site Plan (3 Copies) illustrating the proposed development(s) on the site including setbacks
- ☐ Three (3 Copies) of elevations of the proposed structure
- ☐ Three (3 Copies) of structural details
- ☐ Registry Map & Land Register (less than 60 days old) (1 Copy Each)
- ☐ Application Fee

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

Date Stamp

Planning Approval Stamp

Planning Fee Paid Stamp