



HOUSE / DUPLEX / ADMINISTRATIVE APPROVAL

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 _____

Access (list any public roads or legal rights of way to the site) _____

TYPE OF PROJECT (check all that apply):

- House Gazebo Shed
 Duplex Pool TV Dish
 Garage Fence (>4') Dock (Res. Only)
 Addition Wall (>4') **After the Fact**

PROJECT INFORMATION

Total # of Dwelling Units Proposed _____
 Gross Floor Area Proposed Building(s) _____ sq.ft.
 Footprint Proposed Building(s) _____ sq.ft.
 Floor Area Existing Building(s) _____ sq.ft.
 Footprint Existing Building(s) _____ sq.ft.
 Fence: Height _____ Materials _____
 TV Dish: Height _____ Diameter _____
 Pool: Materials _____

TYPE OF CONSTRUCTION

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|--|
| 1st Floor | 2nd Floor | 3rd Floor | Roof |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Concrete | <input type="checkbox"/> Concrete | <input type="checkbox"/> Standing Seam |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | <input type="checkbox"/> Asphalt |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Metal | <input type="checkbox"/> Metal | <input type="checkbox"/> Cement Tile |
| | | | <input type="checkbox"/> Other _____ |

WATER SUPPLY

- Water Authority
 Consolidated Water Co
 Cistern/Well

SEWAGE

- Public Sewer System
 Septic Tank
 Treatment Facility

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

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

COST OF DEVELOPMENT

(house, duplex, addition, or garage)
 Materials CI\$ _____
 Labour CI\$ _____
Total CI\$ _____
 Gazebo CI\$ _____
 Pool CI\$ _____
 Fence/Wall CI\$ _____
 Shed CI\$ _____
 Dock CI\$ _____
 TV Dish CI\$ _____
 Other CI\$ _____
Total (Ancillary) CI\$ _____

QUALIFICATIONS FOR REVIEW

- Site Plan (3 Copies)
 Floor Plan (2 Copies)
 Elevations (2 Copies)
 Complete Structural Plan Details & Sections (2 Copies)
 Plumbing Plans & Details (2 Copies)
 Electrical Plans: Load Calculations & Panel Schedule (2 Copies)
 Registry Map & Land Register (less than 60 days old) (1 Copy Each)

Circle One Accepted By _____
ST AA CPA Date _____ Time _____

Note that supplying these requirements does not guarantee approval or permit

For Official Use Only		
PLN Fee \$ _____	BP Fee \$ _____	INF Fee \$ _____
Fee Rate _____	Fee Rate _____	Fee Rate _____
Fee Rate _____	Discharge Fee \$ _____	Date Paid _____
Date Paid _____	Date Paid _____	

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

Planning Department
 Visit us @ www.planning.gov.ky

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

Date Stamp

Planning Approval Stamp

Planning Fee Paid Stamp

Building Permit Paid Stamp