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Planning Department

Visit us @: www.planning.gov.ky

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

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MODIFICATION OF PLANNING PERMISSION

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** [ ]

PROJECT INFORMATION

Type of Development Approved _____

Modification Type

- ☐ Increase Floor Area
- ☐ Decrease Floor Area
- ☐ CPA Condition of Approval
- ☐ Site Design
- ☐ Change of Use
- ☐ Other, Specify _____

Description of proposed modification (CPA/ /0 ; Item)
_____
_____
_____

If applicable, please note the following:
Approved Floor Area: _____sq. ft.
Proposed Floor Area: _____sq. ft.

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

QUALIFICATIONS FOR REVIEW *

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

- ☐ Proof of notifications. If the proposed modification intensifies the approved project (eg. Increase in floor area and/or number of units). If the modification would result in a substantially different project, applicants may be advised to complete the requirements of a Major Application. Notices are not required for applications related to a house or a duplex.
- ☐ If the proposed modification can be illustrated on drawings, three (3) copies of the necessary plans (eg. Site, Floor and/or Elevations) will be required.
- ☐ Registry Map & Land Register (less than 60 days old) (1 Copy Each)
- ☐ Application Fee (if applicable)

**Note supplying these requirements does not guarantee approval **

COST OF DEVELOPMENT

Cost of Approved Development
CI$_____
Proposed Increase in Cost
CI$_____
Proposed Reduction in Cost
CI$_____

For Official Use Only

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

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

Date Stamp

Approval Stamp

Planning Fee Paid Stamp