



SIGNS

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 Banner
- Sign

PROJECT INFORMATION

Signs Total Number of Signs _____
Number of Free-standing _____
Number Attached to Building _____
Note: Double-sided signs are considered two signs.

Materials _____

Will the sign be illuminated? Yes No
If Yes, specify how: _____

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\$ _____
Sign Total CI\$ _____

QUALIFICATIONS FOR REVIEW * Accepted By _____

- Proof of notice to all adjacent properties Date _____ Time _____
- Site Plan (3 Copies) illustrating the Proposed development(s) on the site including setbacks.
- If sign(s), application must include two (2) drawings/elevations illustrating the size, content, and colour(s) of sign(s)
- If applicable, two (2) elevations indicating proposed location on building
- 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 \$ _____ 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

Visit us @ www.planning.gov.ky

Date Stamp

Planning Approval Stamp

Planning Fee Paid Stamp

Building Permit Paid Stamp