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Planning Department

Visit us @: www.planning.gov.ky

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

SUBDIVISION

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(s)** ☐

Describe any existing development on the site (including mature vegetation and subsoil)

_____

Describe Surrounding Land Uses

☐ Residential ☐ Agricultural
☐ Commercial ☐ Other_____
☐ Industrial

PROJECT INFORMATION

Land Use	**Number of Parcels**	**Total Area** (Indicate sq.ft. or acres)
Detached House		
Duplex		
Apartments		
Commercial		
Industrial		
Other (describe)		
Buildable Total		
Road Parcels		
LPP Parcels		
TOTAL		

WATER SUPPLY

☐ Water Authority
☐ Consolidated Water Co

ELECTRICAL SERVICE

Provided by Applicant? ☐ Yes ☐ No

SEWAGE DISPOSAL

☐ Public Sewer System
☐ Septic Tank
☐ Treatment Facility

Storm Water Management Plan Provided:

☐ Yes
☐ No

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 *

☐ Subdivision plan (6 copies for Major Subdivisions; 4 copies for Minor Subdivisions)(1:625, 1:1250, 1:2500) illustrating:
- Location of the site with block and parcel numbers of adjoining lots
- Road layout including road width and access
- Approximate lot sizes & lot dimensions
- Signature of person who prepared plan (s)

☐ Registry Map & Land Register (less than 60 days old) (1 Copy Each)
☐ Proof of Notifications
☐ Application Fee

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

For Official Use Only

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

File No_____
Project No(s)_____

Date Stamp

Final Approval Stamp

Planning Fee Paid Stamp