

**Cayman Islands Government**

**Department of Planning**

**Special Inspection Program**

**Approval Number: 000**

It is hereby certified that **(Name of Agency)** of, (**insert Address**) is certified to participate in the Department of Planning Special Inspection Program in the Cayman Islands with effect from **00/Month/ 202** until 00/Month/202.

This certification is subject to the following conditions:

* The Owner/Design Professional in Responsible Charge must inform the Department of Planning in writing, within five (5) business days, of any material change to the information previously submitted in its application

Date

Haroon Pandohie

Director, Department of Planning