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**Cayman Islands Government**

**Department of Planning**

**Third-Party Plan Review**

**Notice of Intent**

**By initialing and signing the following, I understand and agrees to each of the following:**

\_\_\_\_\_\_ I understand that additional approvals may still be required.

\_\_\_\_\_\_ I understand that I am responsible for delivering the required documents to the Third Party. When the Third-Party plan review is completed, the approved stamped plans/documents will be uploaded to the Department of Planning Online Planning System for final review and processing before permit issuance.

\_\_\_\_\_\_ I understand and agree that the Department of Planning fees may not be waived or reduced as a result of my choice to retain a third-party plan reviewer for this permit application. I understand I will be responsible to pay the third-party plan review agency for their service directly.

\_\_\_\_\_\_ I understand substantial changes, or deferred submittals, after issuance of the building permit shall be reviewed by the same third-party plan review agency; I will be responsible to pay the third-party plan review agency for their service directly. Additional approvals may be required from the Department of Planning.

\_\_\_\_\_\_ I understand and agree this application is elective and purely voluntary, and by choosing to participate in this alternative plan review process I agree that Neither the Governor, any member of Cabinet, the Authority nor the Director shall be liable in damages for anything done or omitted in the discharge or purported discharge of their respective functions and these regulations unless it is shown that the act or omission was in bad faith.

**By my signature below, I affirm that I have read, understand and agree to the provisions of**

**this application and the Third-Party Plan Review Program:**

Signature (Owner) Date

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**Please complete and return to the Department of Planning. One form required per project.**

**Owner Information**

Owner/s Name:

Address:

Phone No.: Email:

**Project Information**

Project:

Location: Block: Parcel Number:

Project description:

Planning Approval #:

I/We intend to employ the agency listed below to provide Third-Party Plan Review for this project.

Agency E-mail

Signature (Owner) Date

**Official Use Only**

Date Received

 Approved Disapproved

Reason for Disapproval:

 For Haroon Pandohie

 Director of Planning