



Cayman Islands Government

Rev: 12-Jan-15

Permit Application

Department of Planning
P.O. Box 113
Grand Cayman KY1-9000
Cayman Islands
Phone (345) 244-6501

This form **must be fully completed and signed** by the applicant/agent and submitted together with the necessary documents, plans, and specifications for **Building, Electrical, Plumbing and Mechanical** systems, for approval.

Information on the Applicant

Name _____ Phone No. _____
 Postal Address _____ Fax No. _____
 Street Address _____ Email Address _____

Property Owner Information (if different from above)

Name _____
 Postal Address _____
 Street Address _____
 Phone No. _____ Fax No. _____
 Email Address _____

Architect/Agent Information

Name _____
 Postal Address _____
 Street Address _____
 Phone No. _____ Fax No. _____
 Email Address _____

Please indicate where Information should be mailed **Applicant, Agent, or Owner.**

Property Information

Location _____
 Block _____
 Parcel _____

Type of Permit
(Circle the appropriate category) Alternative Energy

New Construction Structural
 Addition Electrical
 Alteration Plumbing
 Fit-out Mechanical
 Generator Fuel Storage Tank

Renewal Permit # _____
 Fire Protection

Project Information
(Note all figures to be in sq. ft., feet & inches).

Type of Development Proposed _____
 Total # of Units Proposed: _____
 Floor Area Proposed Building(s): _____
 Floor Area of Existing Buildings: _____
 Value of Proposed Development: \$ _____
 Storage Tank Type: Gasoline Diesel Propane
 Storage Tank Volume: _____

Signature _____ Date _____
Owner Date Agent Date

FOR OFFICIAL USE ONLY Fee Calculation			
Total Floor Area	_____	Total Fees	\$ _____
Permit Fee Area (A or B)	_____	Date Paid	_____
Permit Fee Rate	\$ _____	Receipt No.	_____
Permit Fees	\$ _____	File No.	_____
Infrastructure Fee Area (A, B or C)	_____	Application checked by:	_____
Infrastructure Fees	\$ _____		
Discharge Fees	\$ _____		
Fuel Storage Tank Fees	\$ _____		
Pool Permit Fees	\$ _____		

Verification of Submittals – BC Required Plans and Details

Please check the appropriate box () to indicate information has been provided; note N/A if not applicable.

*These two copies are normally part of the Planning submission

**Two (2) copies required unless noted otherwise

Building

Agent

- Building Code/Life Safety Analysis (for C/MF)
- * Site Plan with building, setback and separation
- * Elevations; at least three sides, preferably all four
- * Floor Plans of all floors and areas (label all rooms)
- Section View through entire structure (cross section)
- Stair Details of all stairs; rise, run, tread & nosing
- Foundation and Footing Plan
- Emergency escape & rescue openings “egress” windows
- Details of all fire rated assemblies & penetrations

Agent

- Reinforcing Details (rebar) in concrete
- Eave Details
- Wall Details, Belting Beam, Lintel Details
- Hurricane straps all uplift connections
- Floor Framing Plan; detail all girder beams
- Roof and Ceiling Framing or Truss plans
- AC/DC smoke detectors for sleeping areas
- Safety glass in hazardous locations
- Handicap Accessibility details (for C/MF)

Plumbing

- Plumbing Site Plan showing septic tank or treatment plant
- Plumbing Floor Plan (s) with fixture types & locations
- Plumbing Building Drain Riser (required over 2 stories)

Electrical (no 8.5” x 11” plans)

- | | |
|--|--|
| <input type="checkbox"/> Site & Floor Plans | <input type="checkbox"/> Panel Schedules |
| <input type="checkbox"/> Location of meter, CUC pole/transformer | <input type="checkbox"/> Load Calculations |
| <input type="checkbox"/> Label all rooms and areas | <input type="checkbox"/> Location of panel (s) on plan |
| <input type="checkbox"/> Legend of all symbols | <input type="checkbox"/> Circuit Numbers identifying each electrical point |
| <input type="checkbox"/> Riser Diagram | <input type="checkbox"/> All printing letters & numbers clear and legible |

Mechanical

- | | |
|---|---|
| <input type="checkbox"/> Mechanical Site & Floor Plans with equipment specs | <input type="checkbox"/> Service platform for A/C equipment in attic |
| <input type="checkbox"/> Bath & stove hood exhaust ducts to outside (residential) | <input type="checkbox"/> Grease & heat exhaust hoods, make-up air (C) |
| <input type="checkbox"/> Dryer ductwork vent to outside | <input type="checkbox"/> Ventilation and combustion air systems |
| <input type="checkbox"/> Appliance flue or chimney | <input type="checkbox"/> Air-conditioning systems (non-residential) |

Fire Dept

- One (1) additional set of Site, Floor & Elev. plans for projects with below requirements)**
- Fire Sprinkler/Suppression system plans and details
- Fire Alarm system plans and details

Fit-Out (show all changes)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Site Plan with location of fit-out space | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Floor Plan w/ partition details | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> No Changes – Fit-Out (by separate form) | <input type="checkbox"/> Mechanical |

Generator/Fuel Tank ** separate submission procedure

- | | |
|--|---|
| <input type="checkbox"/> Site Plan w/ location of equipment & tank | <input type="checkbox"/> Generator / Fuel Tank specifications |
| <input type="checkbox"/> Riser diagram / room layout | <input type="checkbox"/> Load Calculation or Data Log |

LP Gas and Elevator installations – each by separate application

I _____ (Applicant / Agent / Owner) confirm that the above checked items are included with this application for review by BC (unless noted otherwise). Submissions are subject to verification by BCU Plan Review staff. Incomplete information can lead to not accepting application for processing, disapproved plan reviews, failed inspections and being charged any relevant fees by BC. This is not a comprehensive list of all items; additional information may be required once plans are reviewed.

Signed (Agent) _____

Date _____

Received for BC _____

Date _____