345.244.6501(P)
Planning.Dept@gov.ky

Department of Planning

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

Visit us @: www.planning.ky

ANTENNA/WIND TURBINE

APPLICANT INFORMATION

Name_____
Postal Address_____
KY1-_____
Phone _____
E-mail _____

AGENT INFORMATION

Contact Person_____
Company_____
Postal Address_____
KY1-_____
Phone _____
E-mail _____

LAND INFORMATION

Block [ ] **Parcel** [ ]

Describe Existing Development (if any) on the site_____

TYPE OF PROJECT *(check all that apply)*:

☐ **New Development** ☐ **After-the Fact**

☐ Wind Turbine
☐ Antenna

PROJECT INFORMATION

Tower Height _____
Height to Blade Tip _____
Blade Length _____
Intended Use _____

I hereby certify that the information provided is accurate, true and complete. I further certify that the notification of owners is complete and accurate.

*Signature*_____ *Date*_____
Applicant/Agent *(dd/mm/yy)*

COST OF DEVELOPMENT

Materials CI$_____
Labour CI$_____
Total **CI$**_____

QUALIFICATIONS FOR REVIEW *

*Accepted By*_____

☐ Application fee
☐ Site Plan (4 Copies) illustrating the proposed development(s) on the site including setbacks.
☐ Two (2) elevations
☐ Registry Map & Land Register (less than 60 days old)
☐ Proof of notice to adjacent properties (Letters & Certificates of Posting)

Note that supplying these requirements does not guarantee approval or permit

For Official Use Only

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

File No_____
Project No(s)_____
Code Enforcement No(s)
_____

Date Stamp

Planning Fee Paid Stamp

Planning Approval Stamp