



SIGNS

345.244.6501(P)
Planning.Dept@gov.ky

Department of Planning

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**
 Sign Banner

PROJECT INFORMATION

Total Number of Signs _____
Number of Free-standing _____
Number Attached to Building _____
Note: Double-sided signs are considered two signs.

Materials _____
Size(s) _____ sq.ft.
 _____ sq.ft.

Will the sign be illuminated? Yes No
If Yes, specify how: _____
Will sign be temporary? Yes No
If yes, proposed date of removal? _____

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

COST OF DEVELOPMENT

Materials C\$ _____
Labour C\$ _____
Sign Total C\$ _____

QUALIFICATIONS FOR REVIEW *

Accepted By _____

- Application Fee
- Proof of notice to adjacent properties (Letters & Certificates of Posting)
- Site Plan (3 Copies) illustrating the proposed development(s) on the site including setbacks.
- Two drawings/elevations illustrating the size, content, and colour(s) of sign(s)
- If applicable, two elevations indicating proposed location on building
- Registry Map & Land Register (less than 60 days old)

Note that supplying these requirements does not guarantee approval or permit

For Official Use Only

PLN Fee \$ _____
Fee Rate _____
Fee Rate _____

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

Date Stamp

Planning Fee Paid Stamp

Planning Approval Stamp

Visit us @: www.planning.ky

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