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Planning Department

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P.O. Box 113
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Cayman Islands

APPLICATION FOR TREE PRESERVATION ORDER

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APPLICANT INFORMATION

Name _____
Postal Address _____
KY1 - _____
Phone(not a cell #) _____
E-mail _____

LAND INFORMATION (tree location)

Block Parcel

LAND OWNER INFORMATION

Owner Name _____
Postal Address _____
KY1 - _____
Phone(not a cell #) _____
E-mail _____

As the owner of Block _____ &
Parcel _____, I hereby authorize the is-
suanace of a Tree Preservation Order to be
placed on the said _____
tree(s). tree species

Land Owner Signature

TREE INFORMATION

Species of Tree or Group of Trees _____

Approximate location of tree on the site _____

Environmental Importance

(check all that apply)

- Root system prevents erosion _____
- Benefits to native wildlife _____
- Benefits to persons _____
- Native to the island _____
- The tree adds beauty and interest to our island.
- Other, Specify _____

Estimate diameter of tree(s) at breast height _____

Is there any oral history indicating the age of the tree(s), or
any other interesting facts about it? _____

I hereby certify that the information provided is accurate and true.

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

QUALIFICATIONS FOR REVIEW

- The application will not be considered until permission is obtained
from the registered land owner for the property on which the tree(s)
resides.
- Registry Map & Land Register (less than 60 days old) (1 Copy Each)
- Where possible supply pictures of the tree(s), digital pictures can be
emailed to planning.dept@gov.ky

Date Stamp

For Official Use Only

Accepted By _____
Date _____ Time _____
File No _____
TPO No(s) _____