

THE DEVELOPMENT CONTROL AND PLANNING BOARD

P O Box 597
Church Street
Fax:869-465-5842
Basseterre, St. Kitts

Phone:869-465-2277

Email: phyplskb@caribsurf.com

APPLICATION FOR BUILDING PERMISSION - LAND SUBDIVISIONS

PLEASE PRINT OR TYPE

APPLICANT INFORMATION

Name _____

_____ Address _____

Phone _____ Fax _____

APPLICANT'S AGENT (IF APPLICABLE)

Name _____

_____ Address _____

Phone _____ Fax _____

Do you own the land? Yes No

Do you lease the land? Yes No

If NO to either, are you contracted to purchase the land?

Yes

No

LEGAL STATUS OF APPLICANT

Is Applicant a National? Yes No

If NO, Does the individual(s) have a Trade & Business
License, OR an
Aliens Land

PROJECT INFORMATION

(Note: All figures to be in sq.ft. or acres))

Type area of land being sub-divided _____

_____ No. of Lots proposed _____

Average Lot sizes _____

Lot Dimensions: Length _____ Width _____

Total area of open space(s) _____

Proposed Infrastructure

Width of proposed carriageway (including drains) _____

_____ Width of proposed shoulders _____

Electricity Water

Telecommunications

Proposed Date of Commencement _____

_____ Proposed Completion Date _____

COST OF DEVELOPMENT

(To be confirmed prior to issuance of a Building Permit)

Materials EC \$ _____

Labour EC \$ _____

Total EC \$ _____

ALL APPLICATIONS MUST BE SUBMITTED IN TRIPLICATE

I Hereby certify that the information provided above and on the following pages are accurate and is true to the best of my knowledge

Holding License
OR if a
Company, a
local Companies
License? If so,
please attach.

Yes

No

PROPERTY INFORMATION

Address _____

Parcel Size _____

Applicant _____

Applicant's agent _____

Date _____

Date _____

FOR OFFICE USE ONLY

Accepted by _____

Date _____

Application Fee _____

Application No. _____

DCPB

Approval No. _____

Receipt No. _____

File No. _____

DCPB

Approval Date _____

Application of Restrictive Covenant?

Paid Stamp

Date Stamp

Approval Stamp