FOR OFFICE USE ONLY

	DEPARTMENT OF PHYSICAL PLANNING AND ENVIRONMENT **MAIN STREET** **CHARLESTOWN, NEVIS** ***Tel: 469 5521 ext. 6302, 5078 Email:*** ***physical.planning@niagov.com / nevplan@yahoo.com***	***Date received***	
		Application #	
		Application fee & Receipt #	
		Approved	
		Refused	

APPLICATION FOR CONCEPT CONSIDERATION

This form is authorized under PART IV – SECTION 17 the Nevis Physical Planning and Development Control Ordinance, *Chapter 6.09 (N) (As Amended).*

THREE copies of this form, proposal documents (see below outline), masterplan and other drawings specified must be submitted.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

1. Full Name and Address of Applicant(s)

Name.....……
Address.....
……..
Tel # ..... Fax #……. Email: ……..

2. Name of Development

.....
.....

3. Name and address of agent (if applicable) to whom correspondence should be sent

Name.....
Address.....
……...
Tel #..... Fax #…… Email: ……

4. Land Ownership Type

☐Title ☐Registered Deed ☐Registered Lease ☐ Notarized Letter from Owner

☐ Registered M.O.T ☐Other (please specify) _____

5. Class and Location of Development:
Class: □ Residential □Transportation □ Institutional □ Public Buildings □ Commercial □Industrial □ Agricultural Project Location: ……

6. If current application is a resubmission, indicate if previous application was:
□ Withdrawn □ Refused

7. Type of Development - indicate whichever apply:
□ Building Development □ Earthworks □ Coastal Development □ Ghaut Works □ Retaining Wall □ Other (please specify) _____

8. Please state:
Existing Land Use:…….. Proposed Land Use:…….

9. Development Lot Size
Area of Land to be Developed..... ft.^{2} / Acre

10. Expected duration of works:
Commencement ……. Completion ……

11. If vegetation removal is involved:
▪ Please indicate area on site plan Total area …..…… ft.^{2} / Acre ▪ Give approximate quantity of vegetation to be removed…….

12. Indicate type of septic solution

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13. **COASTAL WORKS:**

Give details…….
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15. **DECLARATION OF APPLICANT**

I _____
Declare that: (print name)

The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true to the best of my knowledge.

Signature of applicant:_____ **Date:** _____
dd/mm/yyyy

FOR ADDITIONAL INFORMATION, PLEASE CONTACT OUR OFFICE Department of Physical Planning and Environment Main Street, Charlestown, Nevis, W.I.
Tel: (869) 469 5521 Ext., 2040, 2106 email: nevplan@yahoo.com