

	<p align="center">DEPARTMENT OF PHYSICAL PLANNING, NATURAL RESOURCES AND ENVIRONMENT</p> <p align="center">UPSTAIRS WATER DEPARTMENT BUILDING MAIN STREET CHARLESTOWN, NEVIS</p> <p align="center"><i>Tel: 469 5521 ext. 2106, 2040 Fax: 469 0096</i></p>	<i>Date rec'd</i>	
		<i>Approved</i>	
		<i>Refused</i>	

APPLICATION FOR DEVELOPMENT PERMISSION

THREE copies of this form and of the drawings specified in the attached notes must be submitted.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

1. Full Name and Address of Developer(s)
Name.....
Address.....
.....
Tel # Fax #.....

2. Name of Development
.....
.....

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

4. Indicate Land Holding Status of Application Site
<input type="checkbox"/> Title <input type="checkbox"/> Deed <input type="checkbox"/> Lease <input type="checkbox"/> Other (please specify) _____

5. Type and Location of Development:
Type:.....
Location:.....

6. If current application is a resubmission, indicate if previous application was:
<input type="checkbox"/> Withdrawn <input type="checkbox"/> Lapsed (1 yr.) <input type="checkbox"/> Refused

7. Description of Development - indicate whichever apply:
<input type="checkbox"/> Housing <input type="checkbox"/> Earthworks <input type="checkbox"/> Coastal Development <input type="checkbox"/> Other (please specify) _____

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

9. List Development Dimensions
Area of Land to be Developed.....sq. ft.

10. Please state expected duration of works:
Commencement.....
Completion.....

15. I hereby state that all information submitted in this application is true and accurate

Developer(s): 1.....
Print Signature

2.....
Print Signature

Applicant:
Print Signature

Date: