

DEPARTMENT OF PHYSICAL PLANNING, NATURAL RESOURCES AND ENVIRONMENT

UPSTAIRS WATER DEPATMENT BUILDING MAIN STREET CHARLESTOWN, NEVIS

Tel: 469 5521 ext. 2106, 2040 Fax: 469 009	Tel: 469 5	521 ext.	2106.	2040	Fax:	469	0096
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Date rec'd	
Approved	
Refused	

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				
 ☐ Title ☐ Deed ☐ Lease ☐ Other (please specify)				
5. Type and Location of Development:				
Type:				
Location:				
6. If current application is a resubmission, indicate if previous application was:				
□ Withdrawn□ Lapsed (1 yr.)□ Refused				
7. Description of Development - indicate whichever apply:				
☐ Housing ☐ Earthworks ☐ Coastal Development ☐ Other (please specify				
8. Please state:				
Existing Land Use:				
Proposed Land Use:				
9. List Development Dimensions				
Area of Land to be Developedsq. ft.				
10. Please state expected duration of works:				
Commencement				

 Please indicate area on site plan. Give approximate quantity of earth to be removed. 					
12. If vegetation removal is involved:					
■ Please indicate area on site plan Total areasq. ft.					
Give approximate quantity of vegetation to be removed					
12 DI 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
13. Please describe solid & liquid waste disposal and collection system if applicable					
14 COACTAL WORKS					
14. COASTAL WORKS:					
Give details.					

11. Please state:

15. I hereby s	tate that all information submitted	in this application is true and accurate
Developer(s)	: 1	
1 ()	Print	Signature
	2	
	Print	Signature
Applicant:	Print	Signature
Date:		