

345.769.2922(F) Planning.Dept@gov.ky

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L:\application forms\fueltanks.pub APPLICANT INFORMATION Name Postal Address Phone (not a cell #)_____ E-mail _____ **AGENT INFORMATION** Name Postal Address_____ KY1-Phone (*not a cell #*)_____ Fax Number_____ E-mail _____ LAND INFORMATION Parcel **Block**

GENERATORS & STORAGE TANKS

APPLICANT INFORMATION Name Postal Address KY1- Phone (not a cell #) E-mail AGENT INFORMATION Name Postal Address KY1- Phone (not a cell #) E-mail AGENT INFORMATION Name Postal Address KY1- Phone (not a cell #) Fax Number E-mail LAND INFORMATION Block Parcel	Tank Volume: Tank Type: □ Gas □ Reminder: Storage Tank regu	gallons Diesel Propane ulations and checklists can be ne Petroleum Inspectorate section of partment website
		COST OF DEVELOPMENT Materials CI\$ Labour CI\$ Total CI\$
I hereby certify that the information provided is accurate and true. Signature		Accepted By DateTime
OUALIFICATIONS FOR REVIEW * □ Proof of notice to all adjacent properties (if not for a House or Duplex) □ Three (3) copies of site plan illustrating the proposed development(s) on the site, including setbacks □ Two (s) copies of elevations. For existing & similar new structures, photographs may be acceptable □ Application Fee □ Registry Map & Land Register (less than 60 days old) (1 Copy Each)		For Official Use Only PLN Fee \$ Fee Rate Date Paid File No Project No(s) Building Permit No(s)

P.O. Box 31206 Grand Cayman KY1-1205 Cayman Islands

Note that supplying these requirements does not guarantee approval

Date Stamp

Planning Approval Stamp

Planning Fee Paid Stamp