



THE DEVELOPMENT CONTROL AND PLANNING BOARD

P O Box 597
Bladen Commercial Development
Basseterre, St. Kitts

Phone: 869 465 2277
Fax: 869 465 5842
Email: phyplsksb@sisterisles.kn

APPLICATION FOR BUILDING PERMISSION – LAND SUBDIVISIONS

APPLICANT INFORMATION

Name _____
Address _____
Phone _____ Fax _____

APPLICANT 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 Applicant(s) have;

(a) Trade & Business License or and Aliens Land Holding License? Yes No

(b) Aliens Land Holding License? Yes No

(c) Company License (Local)? Yes No

PROPERTY INFORMATION

Address _____
Parcel Size _____

PROJECT INFORMATION

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

Type of Land to be sub-divided _____
No. of Lots proposed _____
Average Lot sizes _____

Total area of Land to be sub-divided _____

Proposed Infrastructure (If applicable)

(a) Width of proposed carriageways (including drains) _____

(b) Width of proposed shoulders _____

(c) Electricity Yes No

(d) Water Yes No

(e) Telecommunications Yes No

Proposed Date of Commencement _____

Proposed Completion Date _____

COST OF DEVELOPMENT

(To be confirmed prior to issuance of 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.

Applicant _____

Date _____

Applicant's Agent _____

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