



CAYMAN LAND INFO

Lands & Survey

Government Administration Building 133 Elgin Ave, PO Box 120, Grand Cayman KY1-9000, Cayman Islands

# Request for Buffer Map and Owner Listing

Name:

Company/Dept.:

PO Box & Zip:

Phone:

Email:

OFFICIAL USE ONLY	
Job No:	
Date Requested:	
Date Required:	
SIGNATURE:	
Request Received By:	

**NOTE: ALL MAP REQUESTS *MUST* BE PAID IN FULL BEFORE THE JOB CAN BE PROCESSED. RE-RUNS OF JOBS FOR UPDATED INFO ATTRACT FULL FEE.**

PAYMENT METHOD:	DEBIT/CREDIT CARD #:	N / A
CHECK NUMBER:	CARD EXPIRY DATE:	N / A

### BUFFER MAP DETAILS

SUBJECT PARCEL(S) (PLEASE USE ONE FORM PER BUFFER MAP)

BLOCK: \_\_\_\_\_ PARCEL: \_\_\_\_\_ ADJACENT: [ ] \_\_\_\_\_ or COASTAL DISTANCE: \_\_\_\_\_  
or BUFFER DISTANCE: \_\_\_\_\_

BUFFER MAP (not optional)

STAMPED OWNER LISTING

**(NB: The stamped Owner Listing is a Planning requirement.)**

LABELS 1 set

LABELS (additional 4 sets)

PLANNING FORMS

COASTAL WORKS LICENSE FORMS

EMAIL LISTING

Please EMAIL ALL DOCS  YES  NO

(2FT FOR SIGN NOTIFICATION) INCLUDE ADJACENT ROAD PARCELS

PLANNING FORM DETAILS (BE VERY SPECIFIC)

APPLICANT'S NAME: \_\_\_\_\_

PO Box: \_\_\_\_\_ KY \_\_\_\_\_ - \_\_\_\_\_

DATE: (processed date)

PURPOSE: \_\_\_\_\_

BLOCK & PARCEL: \_\_\_\_\_

OWNER: \_\_\_\_\_

The Planning Officer [from Planning Department] certifies that the information above is correct

X Signed by Planning Officer: \_\_\_\_\_ Date: \_\_\_\_\_ TOTAL

**TERMS AND CONDITIONS: PLEASE NOTE ALL SALES ARE FINAL! Cayman Land Info agrees to make all reasonable efforts to ensure that every request is completed as ordered. Except in cases of non-delivery, there are NO REFUNDS!**

I hereby certify that I am an authorised signatory for the above named company (where applicable) and I agree to the above terms and conditions.

X Signed (authorised signature) \_\_\_\_\_

**THANK YOU FOR YOUR BUSINESS!**

Date Submitted:	Map Produced By:	Invoice #:
Fee: \$	Checked By:	Date Paid: ___/___/___
File/Project Ref:	Date Completed:	Receipt #: <input type="text"/>

Date(s) Client Contacted:

\_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_