



Lands & Survey

Government Administration Building
133 Elgin Ave, PO Box 1089, Grand Cayman KY1-1102, 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.

Table with 3 columns: PAYMENT METHOD, DEBIT/CREDIT CARD #, CHECK NUMBER, CARD EXPIRY DATE

BUFFER MAP DETAILS

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

BLOCK: PARCEL: BUFFER DISTANCE: (2FT FOR SIGN NOTIFICATION) INCLUDE ADJACENT ROAD PARCELS

[x] BUFFER MAP

[x] STAMPED OWNER LISTING

PLANNING FORM DETAILS (BE VERY SPECIFIC)

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

APPLICANT'S NAME:

[] LABELS [] 1 set / [] 5 sets

PO Box:

[] PLANNING FORMS

DATE:

[] EMAIL LISTING

PURPOSE:

BLOCK:

[] COASTAL WORKS LICENSE PURPOSES

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!

Table with 3 columns: Date Submitted, Fee, File/Project Ref, Map Produced By, Checked By, Date Completed, Invoice #, Receipt #, Date Paid

Date(s) Client Contacted:

____/____/____