



MINISTRY OF AGRICULTURE, FISHERIES, PHYSICAL PLANNING, NATURAL RESOURCES AND CO-OPERATIVES

DEPARTMENT OF PHYSICAL PLANNING

CROWN LANDS SECTION

APPLICATION FORM

Please note that by completing this application form, it does not guarantee that you will get to rent, lease or purchase the parcel that you are applying for.

KINDLY NOTE THAT A COPY OF PHOTO IDENTIFICATION, COPY OF RELEVANT LAND REGISTER AND COPY OF RELEVANT LOCATION PLAN SHOULD BE ATTACHED TO THIS FORM

For Official Use	
Application No:	128/2021
File No:	
Date Received:	16-Mar-21

Section A

PROPOSED PURCHASER/LESSEE INFORMATION - INDIVIDUAL(S)			
APPLICANT 1		APPLICANT 2	
		(Fill below if two persons are applying for the property)	
Title	<input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	Title	<input type="checkbox"/> MR. <input checked="" type="checkbox"/> MRS. <input type="checkbox"/> MS.
Last Name	ARTHUR	Last Name	ARTHUR
First Name	KENDALL	First Name	SIMONE
Nationality	SAINT LUCIAN	Nationality	SAINT LUCIAN
Occupation	SELF EMPLOYED	Occupation	FIREWOMAN
Postal Address	MARCHAND POST OFFICE	Postal Address	MARCHAND POST OFFICE
	MARCHAND		MARCHAND
	CASTRIES		CASTRIES
Home Address	CACAO	Home Address	CACAO
	BABONNEAU		BABONNEAU
	CASTRIES		CASTRIES
Home Number	4527869	Home Number	4527869
Mobile Number	7124611	Mobile Number	7154862
Fax Number	-	Fax Number	-
Email Address	kendall_a@gmail.com	Email Address	simone_a@gmail.com
Form of ID (PLEASE ATTACH)		Form of ID (PLEASE ATTACH)	
<input type="checkbox"/> Passport	No.	<input type="checkbox"/> Passport	No.
<input type="checkbox"/> Driver's Licence	No.	<input type="checkbox"/> Driver's Licence	No.
<input checked="" type="checkbox"/> National ID	No. 1852125	<input type="checkbox"/> National ID	No. 1869532

Section B

PROPOSED PURCHASER/LESSEE INFORMATION - COMPANY			
(Please complete this section if applying on behalf of a company)			
Company Name			
Postal Address			
Directorship	NAME OF DIRECTOR(S)	NATIONALITY	
(PLEASE ATTACH CERTIFICATE OF INCORPORATION)			
Office Number		Email Address	
Fax Number		Lawyer Representing (IF ANY)	

Section C

PROPERTY INFORMATION/LAND DETAILS			
Parcel	484	Block	0643B
Registration Quarter	CASTRIES	Location	Fond Manger
Survey Plan No. (IF APPLICABLE)	-	Queens Chain	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Area Requested (Imperial/Metric)	0.05 HA	Are you presently in occupation of this property?	<input checked="" type="checkbox"/> YES, Number of Years ____ 20 ____ <input type="checkbox"/> NO

Section D

PROPOSED TENURE AND USE			
Application Type	(i) <input checked="" type="checkbox"/> Purchase (ii) <input type="checkbox"/> Lease (iii) <input type="checkbox"/> Lease Renewal (iv) <input type="checkbox"/> Easement		LAND USE
	(a) <input checked="" type="checkbox"/> Water Connection (b) <input checked="" type="checkbox"/> Electricity (c) <input type="checkbox"/> Pedestrian Right of Way (d) <input type="checkbox"/> Vehicular Right of Way (e) <input type="checkbox"/> Drainage (f) <input type="checkbox"/> Other (PLEASE SPECIFY)		(a) <input checked="" type="checkbox"/> Residential (b) <input type="checkbox"/> Commercial (c) <input type="checkbox"/> Industrial (d) <input type="checkbox"/> Touristic (e) <input type="checkbox"/> Agricultural (f) <input type="checkbox"/> Institutional (g) <input type="checkbox"/> Signage (h) <input type="checkbox"/> Other (PLEASE SPECIFY)
Provide a detailed description of the intended use.			

Section E

EMERGENCY AND NEEDY CASES (PLEASE PROVIDE AUTHENTIC LETTERS)	
Desired Effective Date (dd/mm/yyyy)	
Agency Referral	
<input type="checkbox"/> Red Cross	<input type="checkbox"/> Human Services
<input type="checkbox"/> Constituency Council	<input type="checkbox"/> Saint Lucia Social Development Fund (SSDF)
<input type="checkbox"/> Other (PLEASE STATE)	
ENTER LOCATION	

Section F

NB: THIS APPLICATION IS NOT TO BE CONSTRUED AS A COMMITMENT TO LEASE OR PURCHASE THE PROPERTY	
SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2
DATE (dd/mm/yyyy)	DATE (dd/mm/yyyy)

Section G

FOR OFFICIAL USE	
Officer assigned to:	
Name	Signature
Date Received dd/mm/yyyy	
DATE DUE:	
Date of Site Visit (if required)	
DATE (dd/mm/yyyy)	
COMMENTS - Officer	
RECOMMENDATION	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
<input type="checkbox"/> PENDING	
<input type="checkbox"/> FOR FURTHER CONSULTATION	
<input type="checkbox"/> FORWARDED TO AGENCY	
DATE (dd/mm/yyyy)	
COMMENTS - Commissioner of Crown Lands	
DATE (dd/mm/yyyy)	
COMMISSIONER OF CROWN LANDS	
RESPONDED TO:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE (dd/mm/yyyy)	