



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:	302/2021
File No:	
Date Received:	10/06/2021

Section A

PROPOSED PURCHASER/LESSEE INFORMATION - INDIVIDUAL(S)			
APPLICANT 1		APPLICANT 2	
		(Fill below if two persons are applying for the property)	
Title	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input checked="" type="checkbox"/> MS.	Title	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
Last Name	SONSON	Last Name	
First Name	NAKITA	First Name	
Nationality	SAINT LUCIAN	Nationality	
Occupation	TOUR GUIDE	Occupation	
Postal Address	MARIGOT POST OFFICE	Postal Address	
	MARIGOT		
Home Address	FOND MANGER	Home Address	
	CASTRIES		
Home Number		Home Number	
Mobile Number	484 6316/729 2597	Mobile Number	
Fax Number		Fax Number	
Email Address	nakitasonson@hotmail.com	Email Address	
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	2398064	<input type="checkbox"/> National ID	No.

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	487	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)	entire parcel	Are you presently in occupation of this property?	<input checked="" type="checkbox"/> YES, Number of Years _ 15 _____ <input type="checkbox"/> NO

Section D

PROPOSED TENURE AND USE			
Application Type	(i) <input type="checkbox"/> Purchase (ii) <input checked="" type="checkbox"/> Lease (iii) <input type="checkbox"/> Lease Renewal (iv) <input type="checkbox"/> Easement		LAND USE
	(a) <input type="checkbox"/> Water Connection (b) <input 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 type="checkbox"/> Residential (b) <input checked="" 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.			
I need to regularize my occupation of the property and wish to expand my operations that is improve on bar service to clients.			

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)
<u>COMMENTS - Officer</u>	
<u>RECOMMENDATION</u>	
<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)	
<u>COMMENTS - Commissioner of Crown Lands</u>	
DATE (dd/mm/yyyy)	
COMMISSIONER OF CROWN LANDS	
RESPONDED TO:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE (dd/mm/yyyy)	