



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:	39/2021
File No:	
Date Received:	12-Jan-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 type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	Title	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
Last Name		Last Name	
First Name		First Name	
Nationality		Nationality	
Occupation		Occupation	
Postal Address		Postal Address	
Home Address		Home Address	
Home Number		Home Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
Email Address		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 type="checkbox"/> National ID No.		<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	Du Boulay Estate Company Limited		
Postal Address	P.O. Box 295		
	Soufriere		
Directorship (PLEASE ATTACH CERTIFICATE OF INCORPORATION)	NAME OF DIRECTOR(S)	NATIONALITY	
	David du Boulay	St. Lucian	
	Michelle du Boulay	St. Lucian	
	Mary Sanchez	St. Lucian	
Office Number	7558 459 5072 /717 5051	Email Address	coltdduboulaystates@gmail.com
Fax Number		Lawyer Representing (IF ANY)	

Section C

PROPERTY INFORMATION/LAND DETAILS			
Parcel	13	Block	0031B
Registration			Anse Chastanet Road
Quarter	Soufriere	Location	
Survey Plan No. (IF APPLICABLE)		Queens Chain	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Area Requested (Imperial/Metric)		Are you presently in occupation of this property?	<input checked="" type="checkbox"/> YES, Number of Years <u>30</u> <input type="checkbox"/> NO

Section D

PROPOSED TENURE AND USE			
Application Type	(i) <input type="checkbox"/> Purchase (ii) <input type="checkbox"/> Lease (iii) <input checked="" 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 type="checkbox"/> Commercial (c) <input type="checkbox"/> Industrial (d) <input checked="" 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.			
Longterm lease for 25 years which began ion 1991 has ended, therefore we request a renewal of the lease			
for another 25 year period			

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) _____