



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:	2/2021
File No:	
Date Received:	06-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 checked="" 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	GABRIEL	Last Name	
First Name	GILSON	First Name	
Nationality	SAINT LUCIAN	Nationality	
Occupation	MASON	Occupation	
Postal Address	BALATA POST OFFICE	Postal Address	
	BALATA		
	CASTRIES		
Home Address	TI MORNE	Home Address	
	UNION		
	CASTRIES		
Home Number	-	Home Number	
Mobile Number	7124611	Mobile Number	
Fax Number	-	Fax Number	
Email Address	<a href="mailto:gilson.gabriel@gmail.com">gilson.gabriel@gmail.com</a>	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	No. 2168319	<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 (PLEASE ATTACH CERTIFICATE OF INCORPORATION)	NAME OF DIRECTOR(S)	NATIONALITY	
Office Number		Email Address	
Fax Number		Lawyer Representing (IF ANY)	

Section C

PROPERTY INFORMATION/LAND DETAILS			
Parcel	765	Block	1250B
Registration Quarter	CASTRIES		UNION
Survey Plan No. (IF APPLICABLE)	-	Location	
Area Requested (Imperial/Metric)	0.06 HA	Queens Chain	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		Are you presently in occupation of this property?	<input type="checkbox"/> YES, Number of Years _____ <input checked="" type="checkbox"/> NO

Section D

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