



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**

<i>For Official Use</i>
Application ID:
Individual ID 1:
Individual ID 2:

Section A

PROPOSED PURCHASER/LESSEE INFORMATION - INDIVIDUAL(S)			
APPLICANT 1		APPLICANT 2 <small>(Fill below if two persons are applying for the property)</small>	
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 <small>(PLEASE ATTACH, ONLY ONE IS REQUIRED)</small>		Form of ID <small>(PLEASE ATTACH, ONLY ONE IS REQUIRED)</small>	
<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 <small>(Please complete this section if applying on behalf of a company)</small>			
Company ID:			
Company Name			
Postal Address			
Directorship <small>(PLEASE ATTACH CERTIFICATE OF INCORPORATION)</small>	NAME OF DIRECTOR(S)	NATIONALITY	
Office Number		Email Address	
Fax Number		Lawyer Representing <small>(IF ANY)</small>	

Section C

PROPERTY INFORMATION/LAND DETAILS			
Block		Parcel	
Registration Quarter		Location	
Survey Plan No. <small>(IF APPLICABLE)</small>		King's Chain	<input type="checkbox"/> YES <input type="checkbox"/> NO
Area Requested <small>(Imperial/Metric)</small>		Are you currently utilizing the requested area?	<input type="checkbox"/> YES, Number of Years _____ <input type="checkbox"/> NO

**Section D**

PROPOSED TENURE AND USE	
<p><b>APPLICATION TYPE</b></p> <p>(i) <input type="checkbox"/> Purchase</p> <p>(ii) <input type="checkbox"/> Lease</p> <p>(iii) <input type="checkbox"/> Lease Renewal</p> <p>(iv) <b>Easement</b></p> <p>(a) <input type="checkbox"/> Water Connection</p> <p>(b) <input type="checkbox"/> Electricity</p> <p>(c) <input type="checkbox"/> Pedestrian Right of Way</p> <p>(d) <input type="checkbox"/> Vehicular Right of Way</p> <p>(e) <input type="checkbox"/> Drainage</p> <p>(f) <input type="checkbox"/> Other _____</p> <p style="text-align: right; font-size: small;">(PLEASE SPECIFY)</p>	<p><b>LAND USE</b></p> <p>(a) <input type="checkbox"/> Residential</p> <p>(b) <input type="checkbox"/> Commercial</p> <p>(c) <input type="checkbox"/> Industrial</p> <p>(d) <input type="checkbox"/> Touristic</p> <p>(e) <input type="checkbox"/> Agricultural</p> <p>(f) <input type="checkbox"/> Institutional</p> <p>(g) <input type="checkbox"/> Signage</p> <p>(h) <input type="checkbox"/> Other _____</p> <p style="text-align: right; font-size: small;">(PLEASE SPECIFY)</p>
<p><b>Provide a detailed description of the intended use.</b></p> <hr/> <hr/> <hr/> <hr/>	

**Section E**

EMERGENCY AND NEEDY CASES <small>(PLEASE PROVIDE AUTHENTIC LETTERS)</small>
<p>Desired Effective Date _____</p> <p style="text-align: center; font-size: small;">(dd/mm/yyyy)</p>
<p><b>Agency Referral</b></p> <p><input type="checkbox"/> Red Cross                      <input type="checkbox"/> Human Services                      <input type="checkbox"/> Saint Lucia Social Development Fund (SSDF)</p> <p><input type="checkbox"/> Constituency Council                      <input type="checkbox"/> Other Agency (PLEASE STATE)</p> <p style="font-size: x-small; margin-left: 20px;">IDENTIFY LOCATION _____</p>

**Section F**

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

**Section G**

FOR OFFICIAL USE		
<p><b>OFFICER ASSIGNED TO:</b></p> <p style="text-align: center;">NAME _____</p>	<p><b>OFFICER'S SIGNATURE</b></p> <p>_____</p>	<p><b>DATE RECEIVED</b></p> <p style="text-align: center; font-size: small;">(dd/mm/yyyy)</p>
<p><b>ASSIGNED BY:</b></p> <p>_____</p>	<p><b>DATE OF SITE VISIT</b></p> <p style="font-size: x-small;">(if required)</p>	<p><b>DATE (dd/mm/yyyy)</b></p> <p>_____</p>
<p><b>DATE ASSIGNED:</b></p> <p style="text-align: center;">DATE (dd/mm/yyyy)</p> <p>_____</p>		
<p><b>DATE DUE:</b></p> <p style="text-align: center;">DATE (dd/mm/yyyy)</p> <p>_____</p>		
<p><b>COMMENTS - Officer</b></p> <hr/> <hr/> <hr/> <hr/>		
<p><b>RECOMMENDATION</b></p> <p><input type="checkbox"/> APPROVED                      <input type="checkbox"/> NOT APPROVED</p> <p><input type="checkbox"/> PENDING SURVEY</p> <p><input type="checkbox"/> PENDING VALUATION REPORT</p> <p><input type="checkbox"/> PENDING OTHER .....(PLEASE SPECIFY)</p> <p><input type="checkbox"/> FORWARDED/REFERRED TO AGENCY .....(PLEASE SPECIFY)</p> <p><input type="checkbox"/> FOR FURTHER CONSULTATION</p>		
<p><b>DATE OF RECOMMENDATION</b></p> <p>_____</p> <p style="text-align: right; font-size: small;">DATE (dd/mm/yyyy)</p>		
<p><b>COMMENTS - Commissioner of Crown Lands</b></p> <hr/> <hr/> <hr/>		
<p><b>DATE (dd/mm/yyyy)</b></p> <p>_____</p>	<p style="text-align: right;"><b>COMMISSIONER OF CROWN LANDS</b></p> <p>_____</p>	
<p><b>RESPONDED TO:</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p><b>RESPONSE DATED:</b></p> <p>_____</p> <p style="text-align: right; font-size: small;">DATE (dd/mm/yyyy)</p>		