



20__-13013-RC_____

Clarendon Municipal Corporation APPLICATION FOR MODIFICATION/DISCHARGE OF RESTRICTIVE COVENANTS



The Building Act 2018 and The Town and Country Planning Act (1957), Clarendon Development Order 2019.Restrictive Covenants (Modification and Discharge) Act, 1960

DATE: DayMonth.....Year.....

The Chief Executive Officer
Clarendon Municipal Corporation
3 Sevens Road
May Pen P.O
Clarendon
Jamaica

Dear Sir/Madam:

I _____ hereby submit to the Clarendon Municipal Corporation documents reference SU_____CV_____ for property situated at _____ registered at Volume _____ Folio _____ in the Parish of _____.

The date of the first hearing has been scheduled for: Day _____ Month _____ Year _____

The following documents must accompany this completed application form:

- Fixed Date Claim Form
- Affidavit in support of Fixed Date Claim Form
- Surveyors ID Report
- Copy of Registered Title
- Proof of Building/Planning Approvals
- Copy of Valuation Report
- Payment of processing fee

Yours faithfully,

.....
Name in Block Capitals

.....
Signature of Applicant/Agent

.....
Date

APPLICATION FEE/ASSESSMENT (For Official Use Only)

Date of Receipt: _____ Receipt No. _____

Application Fee

\$ _____

Name of Officer Assessing Application: _____ Signature: _____

Amount Paid \$ _____ Other Notations _____

Name of Cashier _____ Signature _____

I. ATTORNEY'S DETAILS

TITLE: MR MRS MS
FULL NAME: _____
COMPANY NAME: _____
POSTAL ADDRESS: _____ POSTAL DISTRICT: _____
CONTACT NUMBER(S): (TEL) _____ (CELL) _____ (FAX): _____
EMAIL: _____ TAX REGISTRATION NUMBER (TRN): _____

II. OWNER'S DETAILS

TITLE: MR MRS MS
FULL NAME: _____
COMPANY NAME: _____
POSTAL ADDRESS: _____ POSTAL DISTRICT: _____
CONTACT NUMBER(S): (TEL) _____ (CELL) _____ (FAX): _____
EMAIL: _____ TAX REGISTRATION NUMBER (TRN): _____

III. PROPERTY'S LEGAL INFORMATION

CIVIC ADDRESS/LOT/APT No. _____ STREET _____ TOWN/CITY _____
PROPERTY NAME _____ SHOP No. _____ AREA OF LAND _____ (Hectares / sq. m)

a) PROPERTY REGISTRATION

VOLUME _____ FOLIO _____ VALUATION No. _____ OTHER* _____
SURVEYORS REPORT/ID No. _____ CERTIFICATE OF TAX PAYMENT _____
Are there any existing structure(s) on site? YES (*To be reflected on Surveyor ID Report*) NO
If yes state amount _____ and existing use (s): RESIDENTIAL COMMERCIAL
INSTITUTIONAL OFFICE OTHER (specify) _____
Is the land part of an approved subdivision? YES NO
If yes, state the name of the development/developer. _____

IV. NATURE OF BREACH

BOUNDARY BUILDING LAND USE SUBDIVISION
OTHER (specify) _____

Applicant's signature _____