



DEPARTMENT OF PLANNING | COUNTY OF KAUA'I

DEPARTMENTAL DETERMINATION REQUEST FORM

Fill out and e-mail this form plus supporting documentation in Adobe PDF format to:
planningdeterminations@kauai.gov

FOR DEPARTMENTAL USE ONLY	
DD#	_____
INTAKE BY	_____ DATE _____
PAU	_____ BY _____

TMK NUMBER:	
NAME OF OWNER*:	
PHYSICAL ADDRESS OF PROPERTY:	
CONTACT PHONE:	
CONTACT E-MAIL:	

TYPE OF DETERMINATION REQUESTED (Please Check Applicable):

- A. Clarification or interpretation of enforcement relating existing permitting conditions imposed either by the Planning Director or Planning Commission
- B. Confirmation of Additional Dwelling Unit availability on a parcel
- C. Voluntary Cancellation or Withdrawal of Permits and Permit Applications
- D. Confirmation of Non-conformities or Pre-CZO status for a parcel
- E. Confirmation or Clarification of previous Director or Departmental Determinations
- F. Boundary interpretation
- G. Confirmation of any open violations on the property
- H. Applicability of Special Management Area "Development" definition to a proposed use

* I am the legal title holder to the property and have 75% or more legal or equitable interest in the parcel of record, have written authorization to act as an agent for the property owner with 75% or more legal or equitable interest in the parcel of record or am leasing the property (please attach proper authorization documents). By signing below I understand a determination is only a regulatory interpretation by a government official which could be subject to appeal or challenge. I further understand a determination does not necessarily bind the County to specifically perform in such a manner if relied upon by the applicant in the course of its development or construction activities. **I further understand that reliance on a determination is at my own risk and recognize I must rely on my own due diligence.**

Print Name and Signature

DATE