



**COUNTY OF KAUAI
DEPARTMENT OF PUBLIC WORKS
DIVISION OF WASTEWATER MANAGEMENT
4444 Rice Street, Suite 500
Lihue, HI 96766
(808) 241-4082**

APPLICATION TO TRANSFER SEWER CONNECTION PERMIT

1.

TAX MAP KEY	LOT	AREA (s.f.)

Lot Address: _____

New Owner: _____

Mailing Address: _____

Telephone: _____

2. Use: _____ Single Family; No. of Units: _____

_____ Multi-Family; No. of Units: _____

_____ Commercial; Lot Area: _____ sq. ft.

_____ Other: _____

3. Estimated Date of Ownership Transfer: _____

The owner hereby agrees to a sewer service charge pursuant to Ordinance No. 726, Bill No. 1875, Sewer Ordinance, County of Kauai, State of Hawaii.

Signature of Owner Date

OFFICIAL USE

Present Monthly User Charge: _____

Existing Permit No.: _____

Location ID: _____

Water Service No.: _____

Effective Date: _____