



COUNTY OF KAUA'I  
PLANNING DEPARTMENT

SUBDIVISION APPLICATION

APPLICATION TYPE		DEPT. USE ONLY	
Preliminary – <b>12 Maps</b>	Final – <b>15 Maps</b>	Application No.	
Attachments: Title Report Application Fee + \$300.00 Processing Fee Letter of Authorization **		Date Accepted	
		Assigned to:	
		SMA Permit:	
		[ ] Yes	[ ] No

**Owner(s)/Applicant(s) \*** \_\_\_\_\_  
 \* Holder of **AT LEAST 75%** of the equitable and legal title of the property

**Name of Surveyor/Engineer/Authorized Agent \*\*** \_\_\_\_\_  
**Telephone No.** \_\_\_\_\_

**Map Title/ Description** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GENERAL INFORMATION			
<b>Tax Map Key: (4)</b>	<b>Zoning</b>	<b>General Plan</b>	<b>State Land Use Designation</b>
<b>Property Size (Acres or Sq. Feet)</b>	<b>Total Amount of Lots</b>		<b>Subdivision Fee (\$16.50 per lot)</b>
			\$

**Date:** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_

DEPARTMENT USE ONLY	
Route to:	For:
<input type="checkbox"/> Public Works Department	<input type="checkbox"/> Review and Recommendation
<input type="checkbox"/> Water Department	<input type="checkbox"/> Signature and Return
<input type="checkbox"/> Housing Agency	<input type="checkbox"/> _____
<input type="checkbox"/> State Health Department	
<input type="checkbox"/> State Highways Division – DOT	
<input type="checkbox"/> State Historic Preservation Division – DLNR	<b>AGENCY DEADLINE:</b>

AGENCY COMMENTS

**Date:** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_