



COUNTY OF KAUA'I  
PLANNING DEPARTMENT

SUBDIVISION APPLICATION

APPLICATION TYPE	DEPT. USE ONLY	
<input type="checkbox"/> Preliminary – <b>12 Maps</b> <input type="checkbox"/> Final – <b>15 Maps</b>	Application No.	
<b>Attachments:</b> <input type="checkbox"/> Title Report <input type="checkbox"/> Application Fee + \$300.00 Processing Fee <input type="checkbox"/> Letter of Authorization **	Date Accepted	
	Assigned to:	
	SMA Permit:	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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			
Tax Map Key: (4)	Zoning	General Plan	State Land Use Designation
Property Size (Acres or Sq. Feet)	Total Amount of Lots		Subdivision Fee (\$16.50 per lot)
			\$

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

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

AGENCY COMMENTS

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