



**DEPARTMENT OF PLANNING
STANDARD ZONING PERMIT APPLICATION**

One (1) original; if providing plans, five (5) sets, including original, required.
Fees vary based on permits required and range from \$30 to over \$1000.
Proof of 100% fee ownership rights or authorized agent must be attached.

Check One: Paper Plans Electronic Plans

This application shall be filled out by all seeking Zoning, Use, Variance, SMA Use or PDU permits pursuant to the Kauai County Code, Hawai'i Revised Statutes Chapter 205A and all relevant rules and regulations of the Planning Commission and Department. Supplemental information may be attached to form. SMA applications may also require additional SMA assessment forms.

DEPARTMENT USE ONLY			
Zoning			Intake By:
Use			
Variance			Intake Date:
SMA			
PDU			Acceptance Date/By:
TOTAL FEE:			
Additional Fees:			
Receipt Number			
Building Permit No.			
Associated Permits (e.g. SSD)			

Complete Information Below

Tax Map Key Number		Condominium Number	
Applicant Name(s)			
Property Address			
Mailing Address			
Parcel Area		Contact Phone	
Zoning Designation		Contact Email (if applicable)	

Applicant Declarations (incorrect responses may slow your permit review)

Please place an "X" under Yes or No under the following:

		YES	NO	Staff Verification
1	Is this property located in the Special Management Area (SMA)?			
2	Is this property part of a Condominium Property Regime (CPR)?			
3	Is this property within 500 feet of the shoreline?			
4	Is this property within the Agriculture Zoning District?			
5	Is there a structure on the property that is 50 years old or older?			
6	Do you have an Additional Dwelling Unit Certificate?			
7	Is this a permit for an after-the-fact construction or activity?			
8	I hold at least a 100% property interest in the property.			
9	Are you an agent for the property owner?			
10	Has a similar application been previously denied?			
11	Is this an application for an agriculture structure under 200 square feet			
12	Are there known burials on the site?			
13	Are you using water not provided by a domestic water system?			
14	Does existing grade under building footprint change by 2' or more in any direction?			
15	The proposed residential unit is a Multi-Family Dwelling Unit?			
16	Is this a conversion of a legally existing single-family dwelling unit into a multi-family two dwelling unit?			
17	Is this structure a guest house?			
18	Does guest house contain a kitchen?			

1. What is the proposed construction and/or intended use of the structure or parcel (may attach additional info)? _____
2. If this is not the first dwelling unit on the subject property identified on this application, please state how many dwelling units presently exist: _____

Submittal Checklist

Please **INITIAL** under “Yes” or not applicable “N/A” regarding each of the statements:

		YES	NA	Staff Verification
1	All plot plans I have submitted are drawn to scale.			
2	I have ensured all TMK numbers are visible on all plan sheets.			
3	Any plans I have submitted clearly show all structures and setback dimensions.			
4	My plans provide lot coverage calculations			
5	I have ensured kitchens are marked with the 8’ radii required by the Planning Department’s Administrative Rules.			
6	Because this application involves a CPR, the plot plan shows all existing structures.			
7	Building plate does not exceed 20 feet from the finished grade at entry.			

Acknowledgements - Please **INITIAL** next to each of the statements:

I UNDERSTAND:	Initial Here
Additional fees and/or the submittal of other application forms may be necessary to complete this application for acceptance and processing.	
Tender of fees by the County does not imply acceptance of this application.	
Errors in self-declaration or missing or incomplete information will delay acceptance and processing of your application.	
Any purposeful misrepresentations in this application may result in delay, denial, permit revocation, violations, fines and even criminal prosecution.	

The owner and/or authorized representative is hereby made aware that the construction, work, use or activity approved in this permit shall be subject to inspection by Planning Department personnel. The applicant is advised that inspection may occur prior to or during construction and use to ascertain the activity is conducted in compliance with the law. Further, I am a duly authorized agent or have 100% ownership rights.

OWNER/AGENT SIGNATURE: _____ DATE: _____

FOR PLANNING DEPARTMENT USE ONLY (THIS CONSTITUTES PERMIT IF FILLED OUT BY DEPT.):

APPROVED DENIED BY: _____ DATE: _____

DIRECTOR’S CONDITIONS OF APPROVAL (staff to **initial** next to applicable conditions):

This permit shall expire if no building is issued within one (1) year after the approval date and/or if construction does not start within one (1) year of building permit issuance.	
Director’s standard conditions for non-residential agricultural structures (attach)	
Should any archaeological or historic resources be discovered during ground disturbing/construction work, all work in the area of the find shall immediately cease and the Applicant shall contact the State Department of Land and Natural Resources, Historic Preservation Division and the Planning Department to determine mitigation measures.	
Additional Conditions (State):	