FOR DEPARTMENTAL USE ONLY			
DD#:			
Intake by:		Date:	
PAU:		By:	

COUNTY OF KAUA'I
DEPARTMENT OF PLANNING

DEPARTMENTAL DETERMINATION REQUEST FORM

Fill out and email this form plus supporting documentation in Adobe PDF format to: planningdepartment@kauai.gov

APPLICANT INFORMATION

NAME OF OWNER : _____

PHYSICAL ADDRESS: _____ PHONE: _____

EMAIL: _____

TMK NUMBER: _____

TYPE OF DETERMINATION REQUESTED (Please check applicable):

- ☐ A. Clarification or interpretation of enforcement relating to 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 or 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 zoning review/permitting for a proposed use or structure

I am the legal title holder of the parcel and have 100% or more legal or equitable interest in the parcel of record, have written authorization to act as an agent for the property owner with 100%. 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.

The Department reserves discretion to not respond to a request in writing.

_____

Print Name and Signature Date