



**DEPARTMENT OF PLANNING**  
**STANDARD ZONING PERMIT APPLICATION**  
 Fees vary based on permits required.

DEPARTMENT USE ONLY			
Zoning			Intake By:
Use			
Variance			Intake Date:
SMA			
PDU			Acceptance Date/By:
<b>TOTAL FEE:</b>			
Additional Fees:			
Receipt Number			
Building Permit No.			

This application shall be filled out by all seeking Class I, II, and III Zoning 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.

Permitting fees may be made via cash or check. All checks shall be made out to: **"Director of Finance"**

Complete Information Below			
<b>Tax Map Key Number</b>		<b>Condominium Number</b>	
<b>Property Owner Name(s)</b>			
<b>Property Owner Mailing Address</b>			
<b>Property Owner Email</b>		<b>Property Owner Phone</b>	

If you are an authorized agent for the property owner, complete the following:			
<b>Authorized Agent Name(s)</b>			
<b>Authorized Agent Mailing Address</b>			
<b>Authorized Agent Email</b>		<b>Authorized Agent Phone</b>	

What is the proposed construction and/or intended use of the structure or parcel (may attach additional info)?

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**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 there a structure on the property that is 50 years old or older?			
2	Is this a permit for an after-the-fact construction or activity?			
3	Are there known burials on the site?			
4	Will the project involve ground disturbance?			
5	Is this a conversion of a legally existing single-family dwelling unit into a multi-family two dwelling unit?			

**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			

**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 the 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.

WARNING: if you are a property owner of a Unit within a Condominium Property Regime (CPR), you are obligated to acknowledge and understand your rights and duties under the documents governing your CPR. The Kaua'i County Planning Department (Department) has no duty or obligation to enforce CPR Documents. By submitting this application [or, authorization for], you hereby indemnify and hold harmless the Department from any and all liability arising from disputes or actions resulting from the interpretation or enforcement of your CPR documents.

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 permit 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.	
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):	