



County of Kauai
 Department of Public Works
 Building Division
 Building Permit Application

I. Location of Building

Job Address	Div	Zone	Sec	Plat	Parcel	Unit No.
-------------	-----	------	-----	------	--------	----------

II. Type and Cost of Building

A. Type of Improvement	C. Proposed Use	
	Residential	Non-Residential
1 New Building		
2 Addition	16 One Family	22 Amusement, Recreational
3 Alteration	17 Two or More Family - Enter Number of Units	23 Church, Other Religious
4 Repair/Replacement	18 Transient Hotel, Motel or Dormitory - Enter Number of Units	24 Industrial
5 Demolition	19 Garage	25 Parking Garage
6 Moving (Relocation)	20 Carport	26 Service Station, Repair Garage
7 Foundation Only	21 Other - Specify	27 Hospital, Institutional
8 Fence (Over 6 ft.)		28 Office, Bank, Professional
9 Other		29 Public Utility
10 Retaining Wall (Over 4 ft.)		30 School, Library, Other Educational
11 Swimming Pool		31 Stores, Mercantile
12 Photovoltaic		32 Tank, Towers
13 Other - Specify	D. Estimated Value	33 Other - Specify

B. Ownership

14 Private (Individual, Corporation, Non Profit, Etc.)	15 Public (Federal, State or Local Government)
--	--

III. Characteristics of Building - for New Buildings and Additions, Complete Parts E - J, for Demolition, Complete Only Part H, for All Others Skip to IV.

E. Principal Type of Frame	F. Type of Sewage Disposal	H. Dimensions	I. Number of Off Street Parking Spaces
34 Masonry (Wall Bearing)	39 Public or Private Company	45 Number of Stories	48 Enclosed
35 Wood Frame	40 Individual (Septic Tank Etc.)	Total Square Feet of	49 Outdoors
36 Structural Steel	G. Type of Mechanical	46 Floor Area All Floors	J. Residential Buildings Only
37 Reinforced Concrete	Will There be Air Conditioning?	Based on Exterior	50 Number of Bedrooms
38 Other - Specify	41 Yes 42 No	Dimensions	51 Number of Full Bathrooms
	Will There be an Elevator?	47 Total Land Area in	52 Number of Partial Bathrooms
	43 Yes 44 No	Square Feet	

IV. Identification

Name	Mailing Address	Zip Code	Telephone
Owner			
Plan Maker			
Contractor			

V. EPR Applicant

First Name	Last Name
Email Address	Phone
Signature	Date

Permit Number (Building Dept Use Only):