



Water Resources and Planning
Engineering Division

WATER CLEARANCE FORM

Residential

LOCATION OF DEVELOPMENT / IMPROVEMENT

Tax Map Key: (4) ____ - ____ - ____ : ____ CPR Unit _____

Project Address: _____

APPLICANT INFORMATION

Name: _____ Owner ¹ Authorized Agent ²

Mailing Address: _____

Email Address: _____

Contact Number: _____

Signature: _____ Date: _____

¹ A Water Service commitment can only be obtained by a Water Clearance Form that is signed and submitted by the Owner or an Authorized Agent.

² Authorized Agents must submit a proof of Authorization Form the Owner of the Property that allows you to request Water Service for the said Owner.

PROPOSED RESIDENTIAL DEVELOPMENT / IMPROVEMENT

Building Permit Application Number: (if any) _____ ADU/ARU Clearance Form Y N

- | | |
|--|---|
| <input type="checkbox"/> Single Family Dwelling (SFD) | <input type="checkbox"/> Multi-Family Dwelling (MFD) |
| <input type="checkbox"/> Detached Additional Dwelling Unit (ADU) | Enter Number of Units: _____ |
| <input type="checkbox"/> Detached Additional Rental Unit (ARU) | <input type="checkbox"/> Duplex - Attached ADU |
| <input type="checkbox"/> Guest House with Kitchen | <input type="checkbox"/> Duplex - Attached ARU |
| <input type="checkbox"/> Guest House without Kitchen | <input type="checkbox"/> Conversion of an existing SFD to 2 MFD Units |
| <input type="checkbox"/> Other-Specify: _____ | |

EXISTING WATER METER SERVICES AND DWELLINGS TO THE LOT [NOT PER CPR UNIT, IF APPLICABLE]

Specify number and size of existing water meter services (i.e. two 5/8-inch water meters): _____

Number of Existing Dwellings(s): _____ Single Family Unit (s) _____ Multi-Family Units

WATER SERVICE FOR THE PROPOSED DEVELOPMENT / IMPROVEMENT

Existing Water Meter Service Specify Meter Number³: _____

³ For inactive services - empty meter boxes, please contact DOW Billing at 808-245-5442

New 5/8-Inch Water Service (Separate Meter)

Upgrade Existing 5/8-Inch Water Meter to 3/4-Inch Water Meter

Existing Meter Number / Prem ID (to be upgraded): _____

ADDITIONAL REQUEST, IF ANY

Description: _____

HOW TO SUBMIT THIS FORM:

Email: wrp@kauaiwater.org

Mail or Drop-Off: 4398 Pua Loke St., Lihue, 96766

Call: (808) 245-5454