

DEPARTMENT OF PLANNING

KA'ĀINA HULL, DIRECTOR

JODI A. HIGUCHI SAYEGUSA, DEPUTY DIRECTOR



DEREK S.K. KAWAKAMI, MAYOR
REIKO MATSUYAMA, MANAGING DIRECTOR

To: Planning Department
County of Kaua'i

RE: Use Agreement For _____

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

City/Town

PERMIT ASSESSMENT

Building Permit Number

Zoning Permit Number

Type of Zoning Permit:

Class I (Section 8-3.1(c), KCC)

Class II (Section 8-3.1(d), KCC)

The Undersigned hereby confirms(s) that the subject premises shall be utilized for only _____ purposes, as represented on the approved plan designated as Application No. _____. It is further understood that unless approved by the Planning Department and all other affected government agencies, the specified use shall not be changed or altered to increase the intensity of the operations.

Due to the nature of the project, the department will be approving the project for a period of **TWO (2) years**. At the end of the period, the department reserves the right to conduct at site inspection to assure the project is consistent with the representations noted on the approved plans. If the project conforms, the approval shall be vested with the subject parcel.

However, the undersigned further agree(s) to allow periodic inspections of the premises and structure(s) by the Planning Department and fully understand(s) that any violation of any of the laws, codes, ordinances, rules and regulations governing such uses, may result in a fine of up to \$10,000.00 (ten thousand dollars), and/or up to \$10,000.00 (ten thousand dollars) per day for each day the violation persists. You may be subject to criminal prosecution by the Prosecutor's Office.

Owner/Applicant

Date

Planning Department

Date