



WATER CLEARANCE FORM

Residential

4398 Pua Loke Street, Lihu'e, Hawai'i 96766, Submit form to wrp@kauaiwater.org. Contact: (808) 245-5405

Location of Development/Improvement

Tax Map Key: (4) _____ - _____ - _____ : _____

CPR Unit: _____

Example: (4)-X-X-XXX:XXX

Project Address: _____

Applicant Information

Name: _____

☐

Owner

☐

Authorized Agent

Mailing Address: _____

Email Address: _____

Contact Number: _____

A water service commitment can only be obtained by a Water Clearance Form that is signed and submitted by the owner and/or an authorized agent.

I understand that submitting this form does not constitute a guarantee of water service availability.

Signature: _____

Date: _____

Proposed Water Service/Improvement

Fill In Applicable Information Only

Building Permit Number: _____ OR Proposed Buildings: _____

☐ New Proposed Water Meter Size & Quantity: _____

Facing the Property, Install the Proposed Water Meter at: ☐ Left Boundary ☐ Right Boundary

☐ Upgrade Existing Water Meter to: _____ Existing Meter Number: _____

☐ Relocation of Water Meter Number: _____ Premise ID: _____

(For Water Meter Relocation Please Attach Map Showing Existing Meter Location and Proposed Location)

Additional Comments or Information

For DOW Office Use

Number of Existing Dwellings: _____

Number of Existing Water Meters: _____

Pending Building Permits: _____

CPR Notes: