Kukui'ula
SOUTH SHORE, KAUA'I

CONCEPT REVIEW APPLICATION

Member Name:_____

Parcel:_____ **Lot**:_____ **TMK No.:**_____

Neighborhood:_____

CONTACT INFORMATION

MEMBER(S):_____

Mailing Address:_____

Phone 1 (Mobile):_____ Phone 2:_____

Email:_____

ARCHITECT:_____

Address:_____

Phone 1 (Mobile):_____ Phone 2:_____

Email:_____

LANDSCAPE ARCHITECT:_____

Address:_____

Phone 1 (Mobile):_____ Phone 2:_____

Email:_____

CONCEPT INFORMATION

Lot Size (Sq. Ft.):_____ Max Ridge Elevation:_____

Per Kukui'ula Plot Plan, if applicable

STYLE SELECTION

☐ Plantation

☐ Pacific Tropical

☐ Island Contemporary

☐ Other Style: _____(Kula Makai Neighborhood Only)

DRC FEE DELIVERY

☐ USPS Mail ☐ Deliver to DRC

Please make check payable to: BBCPKD (BBCP Kukui`ula Development, LLC)

Mail to: Kukui'ula Development, Attn: Design Review, 2700 Ke Alaula St., Ste. B, Koloa, HI 96756

DRC Use Only

☐ Design Review Fee Received $_____ Date:_____ By (initials):_____

Kukui'ula
SOUTH SHORE, KAUA'I

PROJECT DESCRIPTION

APPLICANT QUESTIONS

ACKNOWLEDGEMENTS

By signing below, I acknowledge and agree that I have read and understand the Kukui'ula Design Guidelines, including the applicable Neighborhood Supplement for the parcel. I understand and agree that the Improvements must comply with the Design Guidelines and the plans approved by the Kukui'ula DRC and any change to an approved submittal or existing Improvement must be submitted for review and approval received prior to start of work.

Member

Print	Signature	Date

Architect

Print	Signature	Date