APPENDIX MAUI-19

Building Permit County of Maui Department of Public Works Development Services Administration, Building Permit Office

Permit Packet Includes:

- 1. Process Overview
- 2. Application for Building Permit & instructions
- 3. Letter of Authorization by Architect
- 4. Letter of Authorization for Building Permit Application
- 5. Letter for Notification of Change of Contractor
- 6. Demolition Permit Application Packet

Resources (available at Website below or from the Building Permit Office):

- Maui County Building Code Amendments
- Checklist New Commercial Buildings and Additions
- Checklist Commercial Alteration
- Checklist Residential Building Permit
- Board of Code Of Appeals
- Hawaii Model Energy Code
- Ordinance 3240 Energy Efficient Standards
- Permit Expiration, Extension, and Refund Information
- Plans and Specifications, Maui County Code, Section 16.08.050
- Act 204 Solar Water Heater System Requirement for New Dwellings

Approval or Permit Required: To construct, alter, move, demolish, repair or use any

building or structure within the County of Maui.

Contact Information: Department of Public Works

Development Services Administration

Building Permit Office 250 South High Street Wailuku, HI 96793 Phone: 808-270-7379

Website: http://www.co.maui.hi.us/index.aspx?nid=1208

APPENDIX MAUI-19

Building Permit County of Maui Department of Public Works Development Services Administration, Building Permit Office

NOTE:

If the permitted building or work is not commenced within 180 calendar days from the issuance date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time for a period of 180 calendar days after the work is commenced, the building permit will become null and void.

Steps Time

- Complete "Application for Building Permit". Writable PDF application is available at the Website above or at:
 http://www.co.maui.hi.us/documents/Public%20Works/DSA/Building%20Permits%20Section/Bldg_Permits_Appl_Interactive.PDF
- 2. Submit completed application to the Development Services Administration, Building Permit Office. Seven (7) sets of plans drawn to scale to include, but not limited to site plan, floor plan, foundation plan, roof framing plan, cross/wall section, and elevations are also required. View the "Checklist Residential Building Permit" for more information about plan submission.
- 3. Depending on the permit scope and the location of the subject property, several approving agencies may need to review the application prior to final approval. These approving agencies may include: Public Works, DSA, Building Plan Review Section Department of Water Supply, State Department of Health, Maui Fire Prevention Bureau, Public Works, DSA, Engineering Section, Management Information Systems (MIS), Planning Department, Department of Environmental Management, Public Works, DSA, Subdivision Section, State Department of Land & Natural Resources (DLNR), Department of Housing & Human Concerns. The Building Permit Office can assist in identifying these agencies.
- 4. Permit is approved or not approved.

Total Time Period: TBD

Fees	Amount	Maximum
Filing fees are based on project costs:		
*Please see Fee Schedule, Addendum	\$20	\$4,895 + \$6 for
*Fees for non-business licenses and permits are		each additional
defined in the Maui County Code, Chapter		\$1,000 or fraction
16.26.107 Please refer to the FY 2009 Fee		thereof (of total
Schedule for details.		project cost)
Public Hearing is not required.		
Total Fees:	\$20(minimum)	No maximum

COUNTY OF MAUI

DEVELOPMENT SERVICES ADMINISTRATION

DEPARTMENT OF PUBLIC WORKS

250 SOUTH HIGH STREET – WAILUKU, HAWAII 96793 (808) 270-7250

DATE ISSUED

PERMIT NUMBER

Application for Building Permit

			5-1/ 65-1-1				
INITIAL I claim an exemption under HRS § 444-2(7) and hereby certify that structure is for my personal use and not for use or occupancy by the eral public. I further clarify that such building or structure will not be	e gen-		AGENCY		ADMINIST IGNATURE		DATE
for sale or lease within one year after completion, and have read an derstand the Disclosure State required by HRS § 444-2(7).	nd un-		WATER DEPT				
Falsely claiming an exemption is a violation of § 444-2(7) and carrie	es a fine	P _ P _	J HEALTH DEPT				
of forty percent (40%) of the total contract price, or other amounts a lated in § 444-23(c).	C	R O V	FIRE PREV BURE	\U			
I claim an exemption from the provisions of HRS Chapter 464, requ certification and stamping of plans by a registered architect or struct engineer as permitted under § 464-13(b). I further certify that I will i	tural L	A └ L S [J DSA ENGR DSA BUILDING				_
this exemption with the Bureau of Conveyances as required by § 46	64-13(b).	o ∟ R ┌	1	-			
Approval is granted subject to compliance with the use regulations in HRS Chapter 205 and the Land Use Commission's Rules & Regulations to future own	ulations.		J PLANNING DEPT				
heirs and assigns. I acknowledge that I have received from the Cot Maui a copy of HRS § 205-4.5.	unty of	니느] wwrd				
Applicant certifies that he/she has determined if there are any restrictic covenants applicable to the proposed construction on subject property	ve E	R L E	DSA SUBD				
if so, that the structure herein applied for conforms with said covenant Applicant acknowledges that County has no responsibility to determin	s.		DHHC				
conformance with covenants and hereby agrees to defend and hold County harmless from any and all claims arising out of any alleged bre			DLNR				
thereof.	IS	SSUE) BY		CCEPT. VALS		
	R	REMAF	KS:	<u> </u>		*	
SIGNATURE OF OWNER DATE	_						
I hereby certify that I am a bona fide contractor in the State o Hawaii.)†						
SIGNATURE OF CONTRACTOR DATE	PI	ROJE	CT NAME				
1221012							
APPLICATION NO. T ZONE SEC PLAT PAR LOT			RUCTION TYPE		OCCUPANCY		
DATE RECEIVED K	10	DWNE	RSHIP ZONE		Į!	FLOOD ZO	NE
(s)							
(S) APPLICANT: PLEASE FILL IN	AREA B		DW (PLEASE P				
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET)	AREA B	NATUR [E OF WORK <i>(CHECK</i> NEW BUILDING	ALL THAT A	APPLY) ENCE		DUNDATION ONLY
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT)	AREA B	IATUR [[E OF WORK <i>(CHECK</i> NEW BUILDING RETAINING WALL ADDITION	(ALL THAT A	APPLY) ENCE HELL ONLY LTERATION	[] RI [] RI	ELOCATION ECONSTRUCTION
(s)	AREA B	IATUR [[[E OF WORK <i>(CHECK</i>] NEW BUILDING] RETAINING WALL	(ALL THAT A	APPLY) ENCE HELL ONLY	[] RI [] RI [] DI	ELOCATION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT)	AREA B	IATUR [[[[E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE	(ALL THAT A	APPLY) ENCE HELL ONLY LTERATION EPAIR	[] RI [] RI [] DI [] SI	ELOCATION ECONSTRUCTION EMOLITION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME)	AREA B	IATUR [[[[E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS	(ALL THAT A	APPLY) ENCE HELL ONLY TERATION EPAIR EA WALL	[] RI [] RI [] DI [] SI	ELOCATION ECONSTRUCTION EMOLITION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE)	AREA B	IATUR [[[[OW OC	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS	(ALL THAT A	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUR	[] RI [] RI [] DI [] SI	ELOCATION ECONSTRUCTION EMOLITION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1)	AREA B	IATUR	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS	(ALL THAT A	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP	[] RI [] RI [] DI [] SI	ELOCATION ECONSTRUCTION EMOLITION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE)	AREA B N	NATUR [[[[OW OC	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS	(ALL THAT A	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION	[] RI [] DI [] SV PIED AS	ELOCATION ECONSTRUCTION EMOLITION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2)	AREA B N. [[[I I I I I I I I I I I	JATUR [[[[[[[OW OO ARTITI ARTITI LOORS	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS	(ALL THAT A	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE)	AREA B N [IATUR [[[[[[[OW OC IMENS LOORS LOORS	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] DI [] SV PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE	AREA B N. [[JATUR [[[[[[[OW OO O	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS SEWER I INDIVIDUAL WASTEWATER SYSTEM JINITS NO. OF STORIES	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE MAILING ADDRESS (INCLUDE ZIP CODE)	AREA B N [[IATUR [[[[[[[OW OO O	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS ONS SEWER MONITOR OF STORIES CE TO NEAREST INTERIC	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL D VALUE OF WORK C AREA
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE I MAILING ADDRESS (INCLUDE ZIP CODE)	AREA B N [[JATUR [[[[[[[[[[[[[[[[[[] []]]]]]]]]]]]]]]]]]]]	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS ONS SEWER MONITOR OF STORIES CE TO NEAREST INTERIC	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL D VALUE OF WORK C AREA
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE I MAILING ADDRESS (INCLUDE ZIP CODE) BUILDER MAILING ADDRESS (INCLUDE ZIP CODE) TELEPHO	AREA B N [[JATUR [[[[[[[[[[[[[[[[[[] []]]]]]]]]]]]]]]]]]]]	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS ONS SEWER MONITOR OF STORIES CE TO NEAREST INTERIC	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL D VALUE OF WORK C AREA
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE I MAILING ADDRESS (INCLUDE ZIP CODE) BUILDER MAILING ADDRESS (INCLUDE ZIP CODE) TELEPHO APPLICANT NAME	AREA B N [[JATUR [[[[[[[[[[[[[[[[[[] []]]]]]]]]]]]]]]]]]]]	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS ONS SEWER MONITOR OF STORIES CE TO NEAREST INTERIC	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL D VALUE OF WORK C AREA
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE I MAILING ADDRESS (INCLUDE ZIP CODE) BUILDER MAILING ADDRESS (INCLUDE ZIP CODE) TELEPHO APPLICANT NAME	AREA B N [[JATUR [[[[[[[[[[[[[[[[[[] []]]]]]]]]]]]]]]]]]]]	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS ONS SEWER MONITOR OF STORIES CE TO NEAREST INTERIC	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL D VALUE OF WORK C AREA
APPLICANT: PLEASE FILL IN PROJECT ADDRESS (HOUSE NO. AND STREET) PROJECT ADDRESS (TOWN AND DISTRICT) LEGAL OWNER (FULL NAME) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (1) MAILING ADDRESS (INCLUDE ZIP CODE) LESSEE/TENANT (2) MAILING ADDRESS (INCLUDE ZIP CODE) PLAN MAKER LICENSE I MAILING ADDRESS (INCLUDE ZIP CODE) BUILDER MAILING ADDRESS (INCLUDE ZIP CODE) TELEPHO APPLICANT NAME	AREA B N [[JATUR [[[[[[[[[[[[[[[[[[] []]]]]]]]]]]]]]]]]]]]	E OF WORK (CHECK NEW BUILDING RETAINING WALL ADDITION MISC. STRUCTURE SITE WORK CUPIED AS ONS ONS ONS SEWER MONITOR OF STORIES CE TO NEAREST INTERIC	ROOF OVERH	APPLY) ENCE HELL ONLY LTERATION EPAIR EA WALL TO BE OCCUP WALLS FOUNDATION ROOF BASEMENT FI	[] RI [] RI [] DI [] SI PIED AS	ELOCATION ECONSTRUCTION EMOLITION WIMMING POOL D VALUE OF WORK C AREA

(<u>date</u>)
Development Services Administration COUNTY OF MAUI 250 South High Street Wailuku, Hawaii 96793
SUBJECT: LETTER OF AUTHORIZATION FOR BUILDING PT APPLICATION (project name) (street address, unit # if applicle) (tmk #)
I authorize the use of documents prepare by me to mitted for building permit purposes.
Type of Project: [] New Building [] Fell [] Retaining Wall [] Shell Of y [] Reduction [] Addition [] Reconstruction [] Misc. Structure [] Demolition [] Swimming Pool
My current law aii professional al licens as valid until (<u>expiration date</u>).
Please course at (
Very truly pars; (<u>wet stamp of architect/engineer</u>) (<u>ame of architect/engineer</u>)

Development COUNTY OF 250 South H Wailuku, Hav	MAUI ligh Street	dministration 93				
SUBJECT:	UBJECT: LETTER OF AUTHORIZATION FOR BUILDING PERMIT APPLICAT					
	TMK					
I authorize the purposes.	ne use of do	cuments prepare by me t	o be submitted for building permit			
Type o	of Project:	[] New Building[] Foundation Only[] Shell Only[] Addition[] Reconstruction[] Repair[] Sea Wall	[] Retaining Wall[] Relocation[] Alteration[] Misc. Structure			
My current H	Hawaii profe	ssional license remains v	alid until			
Please conta	ct me at any question	s regarding my documen	orts.			

Very truly yours,

Date:		
SUBJECT:	LETTER OF AUTHORIZATION TO OBTAIN A BUILDING PERMIT LOCATED AT (address) TMK: (2) (zone, section, plat: parcel)	
To Whom It	May Concern:	
I authorize _ on my behal	in obtaining a building permit on the subject property.	_ to act and sign
I certify that	am the owner of the property for which the permit is to be	e issued.
(Notarized S (Print Name)	ignature of Owner)	

Development Services Administration COUNTY OF MAUI 250 South High Street Wailuku, Hawaii 96793

SUBJECT: NOTIFICATION FOR CHANGE OF CONTRACTOR

BUILDING PERMIT #2008-9999

FOR ADDITION/ALTERATION TO A SINGLE FAMILY DWELLING

AT 123 ALOHA ROAD, WAILUKU, MAUI

TMK (2) 3-4-005:640

I am a bona fide contractor licensed under the provisions of Chapter 444, Hawaii Revised Statutes, as amended, and hereby notify you of a change of contractor of record for the subject building permit(s).

	ng permit(s).
CONS	My contractor's license number is <u>BC-12345</u> under <u>ABCDE</u> STRUCTION COMPANY and expires on <u>September 30, 2010</u> .
Select	t one:
	Please remove me as the contractor of record. My contractor's responsibility ended, or will end, on
⊠	I am the new contractor of record. My contractor's responsibility began, or will begin, on March 31, 2009
	I understand that either myself or my authorized representative is required to sign the approved and issued building permit application as the new contractor of record at the Building Permit Office before building inspections can be scheduled and conducted.
$\mathcal{A}\ell$	loha Maui 12/12/08
Notariz	zed Signature of Contractor (RME or Owner) Date
٨	loha Maui (RME)
Print N	
А	BCDE CONSTRUCTION COMPANY
	of Firm, if applicable
3:	21 Maui Street, Wailuku, HI 96793
Addres	·
(8	308) 123-4567
Teleph	none Number

Development Services Administration COUNTY OF MAUI 250 South High Street Wailuku, Hawaii 96793 SUBJECT: NOTIFICATION FOR CHANGE OF CONTRACTOR BUILDING PERMIT(S) # I am a bona fide contractor licensed under the provisions of Chapter 444, Hawaii Revised Statutes, as amended, and hereby notify you of a change of contractor of record for the subject building permit(s). My contractor's license number is _____ under _____ under _____. Select one: Please remove me as the contractor of record. My contractor's responsibility ended, or will end, on _______. I am the new contractor of record. My contractor's responsibility began, or will begin, on I understand that either myself or my authorized representative is required to sign the approved and issued building permit application as the new contractor of record at the Building Permit Office before building inspections can be scheduled and conducted. Notarized Signature of Contractor (RME or Owner)

Date Permit Name Name of Firm, if applicable Address

Telephone Number

STATE OF)) SS.
COUNTY OF) 55.)
by me duly sworn or affirmed the free act and deed of such duly authorized to execute su	, before me personally appeared, to me personally known, who, being d, did say that such person executed the foregoing instrument as h person, and if applicable in the capacities shown, having been uch instrument in such capacities. WHEREOF, I have hereunto set my hand and official seal.
	Notary Public, State of:
	Print Name
	My commission expires:
	NOTARY PUBLIC CERTIFICATION
Doc. Date Notary Name: Doc. Description:	# Pages Judicial Circuit:
Notary Signature:	Date:

COUNTY OF MAUI DEVELOPMENT SERVICES ADMINISTRATION (DSA) 250 SOUTH HIGH STREET WAILUKU, HAWAII 96793

DEMOLITION PERMIT

1997 Uniform Building Code, <u>Section 106.1 Permits Required</u>, as amended. "Except as specified in §106.2, no building or structure regulated by this code shall be erected, constructed, enlarged, altered, repaired, moved, removed, converted or <u>demolished</u> unless a separate permit for each building or structure has first been obtained from the building official." If the property is landlocked, legal access needs to be determined PRIOR to submitting for building permit.

Requirements:

1. Structure under 50 years old

- a. Completed building permit application.
- b. Six (6) site plans denoting placement of structure(s) on premises and designating which structure(s) is to be demolished.
- c. Completed State Department of Health, Vector Control Branch, form VC-12.
- d. Copy of the recorded deed if property ownership is not already filed with the County of Maui's Real Property Tax Division, or, a notarized letter of authorization from the current fee owner.
- e. Certified Asbestos Inspection, Abatement and Notification to the State Department of Health, Asbestos Office (808) 586-5800 (as applicable).

2. Structure 50 years old and over

- a. Completed building permit application.
- b. Six (6) site plans denoting placement of structure(s) on premises and designating which structure(s) is to be demolished.
- c. Completed State Department of Health, Vector Control Branch, form VC-12.
- d. Completed Historic Resources Inventory form.
- e. Two (2) sets of 4x5 color prints and two (2) CD-ROMS with digital images of the structure to be demolished. Photographic file sizes on CD-ROMS must be no less than 1.90 MB to ensure minimum clarity.
- f. Copy of the recorded deed if property ownership is not already filed with the County of Maui's Real Property Tax Division, or, a notarized letter of authorization from the current fee owner.
- g. Certified Asbestos Inspection, Abatement and Notification to the State Department of Health, Asbestos Office (808) 586-5800 (as applicable).

Please call the Department of Land & Natural Resources - State Historic Preservation District at (808) 692-8023 if you have any questions regarding the Historic Resources Inventory form.

Please call the Building Permit Office at (808) 270-7250 if you any questions regarding the building permit process. Office hours are 8:00 a.m. - 4:00 p.m., Monday through Friday (HST).

Site #	<u> </u>	
TMK		

DEPT. OF LAND AND NATURAL RESOURCES STATE HISTORIC PRESERVATION DIVISION

HISTORIC RESOURCES INVENTORY

IDENTIFICATION	
1. Common Name:	
2. Historic Name, if known:	
Street or rural address:	
City:Zip:	County:
4. Present Owner, if known:	
Ownership isPublicPrivate	
6. Present Use:	Original Use
Other past uses:	
DESCRIPTION	
7. Physical Appearance:	
Style	
Primary Exterior Building Material:Stone Wood:ClapboardShiplap	StuccoAdobeOther
Shingle Other	
Additional Materials	
Roof: Gable Hipped	OtherSpecial Features
Roofing Material Roof Trim: Closed Eaves 6 Dormers: Gabled Hipped Sh	
Roof Trim: Closed Eaves	Overhanging Eaves Brackets
Porch: Inset Outset Open	Offset
WraparoundCenteredOffsetInset	Transom Side Panels
SidelightsWindow	Other
Windows: Double-Hung Sliding	Casement Awning Jalousies
Plate glass	Other
Number of panes:	
Other Features:	
Approximate Property Size: Frontage	Denth
or approximate acreage	
	
9. Is the feature Altered Unaltered	
10 Curroundings Open Land Continued D	Developed Deville of
10. Surroundings: Open Land Scattered B Residential Commercial	Industrial Other
Nesidential Confine dal	Otilei
11. Is the structure on its original site mov	ed unknown
12. Year of initial construction T	his date is factual estimated.
	······································
13. Architect (if known)	
14. Builder (if known)	
15. Related features: Barn Carriage House	eOuthouse Shed(s)
Formal Garden(s) Windmi	<pre>!! Watertower/ Tankhouse</pre>
Garage Servants' or Gues	t HouseOther

Historic Re	sources Inventory - Page 2			
16. Date of	f attached photograph			
SIGNIFICA	ANCE			
	iefly state historical and/or archite sociated with the site when know		clude dates, events, a	nd persons
18. So	ources: List books, documents, su	urveys, personal inter	views, and their dates:	
CREDITS				
Date form	prepared By	(name)		Zin
Phone:		Organization	n:	<u>-</u>
*****	************		******	*******
STATE US	SE ONLY:			

.

NOTICE TO CONTRACTORS

VECTOR CONTROL BRANCH, STATE HEALTH DEPARTMENT FROM: RODENT CONTROL REQUIREMENTS ON DEMOLITION OF STRUCTURES AND SUBJECT: CLEARING OF SITES AND VACANT LOTS 1. Department of Health, Administrative Rule: Title 11, Chapter 26, Vector Control, Section 11-26-35, Rodents; Demolition of Structures and Clearing of Sites and Vacant Lots, stipulates that: No person, firm, or corporation shall demolish or clear any structure, site or vacant lot without a) first ascertaining the presence or absence of rodents which may endanger the public health by dispersal from such premises. Should such inspection reveal the presence of rodents, the person, fir, or corporation shall b) eradicate the rodents before demolishing or clearing the structure, site, or vacant lot. The Department may conduct an independent inspection to monitor compliance, or request a c) written report. 2. The purpose of this rule is to prevent rodents from dispersing into adjacent areas when buildings are demolished or vacant lots are cleared. 3. Contractors may either hire a pest control firm or do the job themselves with a qualified employee. Poison baits must be inspected daily and replenished a necessary to provide a continuous supply for at least one week before the start of any work. 4. For further information or assistance, contact the Vector Control Branch: Oahu: 99-945 Halawa Valley Street, Aiea, 96701, Phone: (808) 483-2535 Hawaii: 191 Kuawa Street, Hilo, 96720, Phone: (808) 933-9017 Maui-Molokai-Lanai: 54 High Street, Room 300, Wailuku, 96793, Phone: (808) 873-3560 Kauai: 3040 Umi Street, Lihue, 96766, Phone: (808) 241-3306 (Tear Sheet to be retained by Vector Control) The firm I represent is aware of the requirements of Administrative Rule 11-26, Section 11-26-35, Rodents; Demolition of Structures and Clearing of Sites and Vacant Lots. NAME OF PERSON, FIRM, OR CORPORATION (PRINT) PHONE NO. PROJECT SITE (ADDRESS) (PRINT) DISTRICT (PRINT)

SIGNATURE OF REPRESENTATIVE

NAME OF REPRESENTATIVE (PRINT)

DATE

TITLE

(PRINT)