

## APPENDIX MAUI-19

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

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**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>

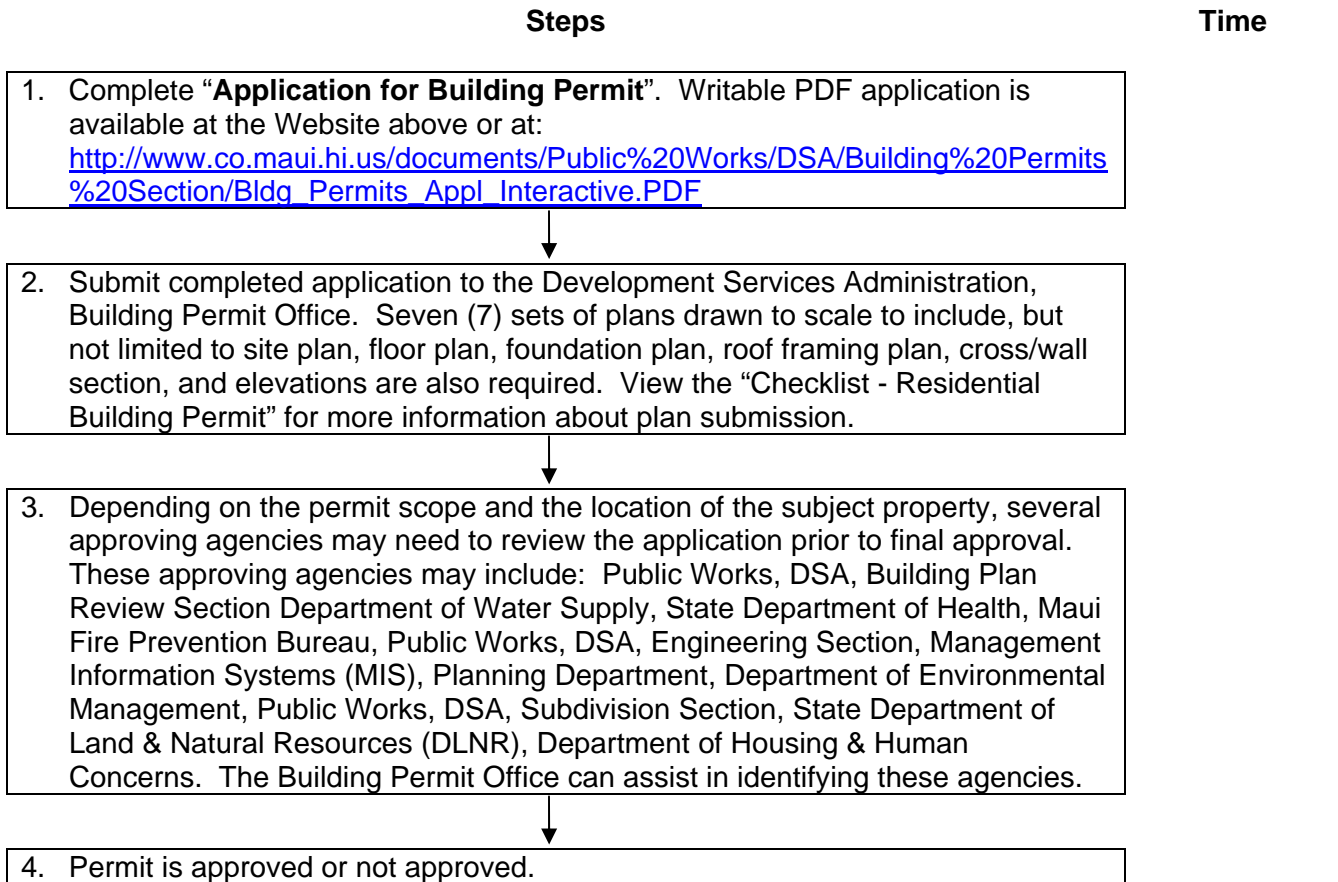
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## APPENDIX MAUI-19

### 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.



**Total Time Period: TBD**

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



( date )

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

SUBJECT: LETTER OF AUTHORIZATION FOR BUILDING PERMIT APPLICATION  
( project name )  
( street address , unit # if applicable )  
( tmk # )

I authorize the use of documents prepared by me to be submitted for building permit purposes.

Type of Project:     New Building                     Fence  
                           Foundation                     Retaining Wall  
                           Shell Only                     Relocation  
                           Addition                     Alteration  
                           Reconstruction                     Misc. Structure  
                           Repair                     Demolition  
                           Sea Wall                     Swimming Pool

My current Hawaii professional license is valid until ( expiration date ).

Please contact me at ( phone # ) and ( FAX # ) if you have any questions regarding my comments.

Very truly yours,

( wet stamp of  
architect/engineer )

( name of architect/engineer )

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

SUBJECT: LETTER OF AUTHORIZATION FOR BUILDING PERMIT APPLICATION

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TMK \_\_\_\_\_

I authorize the use of documents prepared by me to be submitted for building permit purposes.

- Type of Project:
- |  |  |
|--|--|
| <input type="checkbox"/> New Building    | <input type="checkbox"/> Fence           |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Retaining Wall  |
| <input type="checkbox"/> Shell Only      | <input type="checkbox"/> Relocation      |
| <input type="checkbox"/> Addition        | <input type="checkbox"/> Alteration      |
| <input type="checkbox"/> Reconstruction  | <input type="checkbox"/> Misc. Structure |
| <input type="checkbox"/> Repair          | <input type="checkbox"/> Demolition      |
| <input type="checkbox"/> Sea Wall        | <input type="checkbox"/> Swimming Pool   |

My current Hawaii professional license remains valid until \_\_\_\_\_.

Please contact me at \_\_\_\_\_ or \_\_\_\_\_  
if you have any questions regarding my documents.

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 \_\_\_\_\_ to act and sign  
on my behalf in obtaining a building permit on the subject property.

I certify that I am the owner of the property for which the permit is to be issued.

*(Notarized Signature of Owner)*  
*(Print Name)*



December 12, 2008

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).

My contractor's license number is BC-12345 under ABCDE  
CONSTRUCTION COMPANY and expires on September 30, 2010.

Select one:

- Please remove me as the contractor of record. My contractor's responsibility ended, or will end, on (Date).
- 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.

Aloha Maui 12/12/08  
Notarized Signature of Contractor (RME or Owner) Date

Aloha Maui (RME)  
Print Name

ABCDE CONSTRUCTION COMPANY  
Name of Firm, if applicable

321 Maui Street, Wailuku, HI 96793  
Address

(808) 123-4567  
Telephone Number



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

SUBJECT: NOTIFICATION FOR CHANGE OF CONTRACTOR

BUILDING PERMIT(S) # \_\_\_\_\_

FOR \_\_\_\_\_

AT \_\_\_\_\_

TMK \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_ and expires on \_\_\_\_\_.

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



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

**DEMOLITION PERMIT**

1997 Uniform Building Code, Section 106.1 Permits Required, 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 **demolished** 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 # \_\_\_\_\_  
TMK \_\_\_\_\_

DEPT. OF LAND AND NATURAL RESOURCES  
STATE HISTORIC PRESERVATION DIVISION

**HISTORIC RESOURCES INVENTORY**

**IDENTIFICATION**

1. Common Name: \_\_\_\_\_
2. Historic Name, if known: \_\_\_\_\_
3. Street or rural address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
4. Present Owner, if known: \_\_\_\_\_
5. Ownership is  Public  Private
6. Present Use: \_\_\_\_\_ Original Use \_\_\_\_\_  
Other past uses: \_\_\_\_\_

**DESCRIPTION**

7. Physical Appearance:  
Style \_\_\_\_\_  
Primary Exterior Building Material:  Stone  Stucco  Adobe  Other  
Wood:  Clapboard  Shiplap  Vertical Board  Board & Batten  
 Shingle  Other  
Additional Materials \_\_\_\_\_  
Roof:  Gable  Hipped  Other \_\_\_\_\_ Special Features \_\_\_\_\_  
Roofing Material \_\_\_\_\_  
Roof Trim:  Closed Eaves  Overhanging Eaves  Brackets  
Dormers:  Gabled  Hipped  Shed  Eyelid  Other  
Porch:  Inset  Outset  Open  Enclosed  Facade length  
 Wraparound  Centered  Offset  
Door:  Centered  Offset  Inset  Transom  Side Panels  
 Sidelights  Window  Other  
Windows:  Double-Hung  Sliding  Casement  Awning  Jalousies  
 Plate glass  Other  
Number of panes: \_\_\_\_\_  
Other Features: \_\_\_\_\_
8. Approximate Property Size: Frontage \_\_\_\_\_ Depth \_\_\_\_\_  
or approximate acreage \_\_\_\_\_
9. Is the feature  Altered  Unaltered
10. Surroundings:  Open Land  Scattered Buildings  Densely Built-up  
 Residential  Commercial  Industrial \_\_\_\_\_ Other \_\_\_\_\_
11. Is the structure  on its original site  moved  unknown
12. Year of initial construction \_\_\_\_\_ This date is  factual  estimated.
13. Architect (if known ) \_\_\_\_\_
14. Builder (if known) \_\_\_\_\_
15. Related features:  Barn  Carriage House  Outhouse  Shed(s)  
 Formal Garden(s)  Windmill  Watertower/ Tankhouse  
 Garage  Servants' or Guest House  Other \_\_\_\_\_

16. Date of attached photograph \_\_\_\_\_

**SIGNIFICANCE**

17. Briefly state historical and/or architectural importance (include dates, events, and persons associated with the site when known):

18. Sources: List books, documents, surveys, personal interviews, and their dates:

**CREDITS**

Date form prepared \_\_\_\_\_ By (name) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Organization: \_\_\_\_\_

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**STATE USE ONLY:**

# NOTICE TO CONTRACTORS

FROM: VECTOR CONTROL BRANCH, STATE HEALTH DEPARTMENT

SUBJECT: RODENT CONTROL REQUIREMENTS ON DEMOLITION OF STRUCTURES AND 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:
  - a) No person, firm, or corporation shall demolish or clear any structure, site or vacant lot without first ascertaining the presence or absence of rodents which may endanger the public health by dispersal from such premises.
  - b) Should such inspection reveal the presence of rodents, the person, fir, or corporation shall eradicate the rodents before demolishing or clearing the structure, site, or vacant lot.
  - c) The Department may conduct an independent inspection to monitor compliance, or request a 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

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(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)
NAME OF REPRESENTATIVE (PRINT)	TITLE (PRINT)
SIGNATURE OF REPRESENTATIVE	DATE