

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

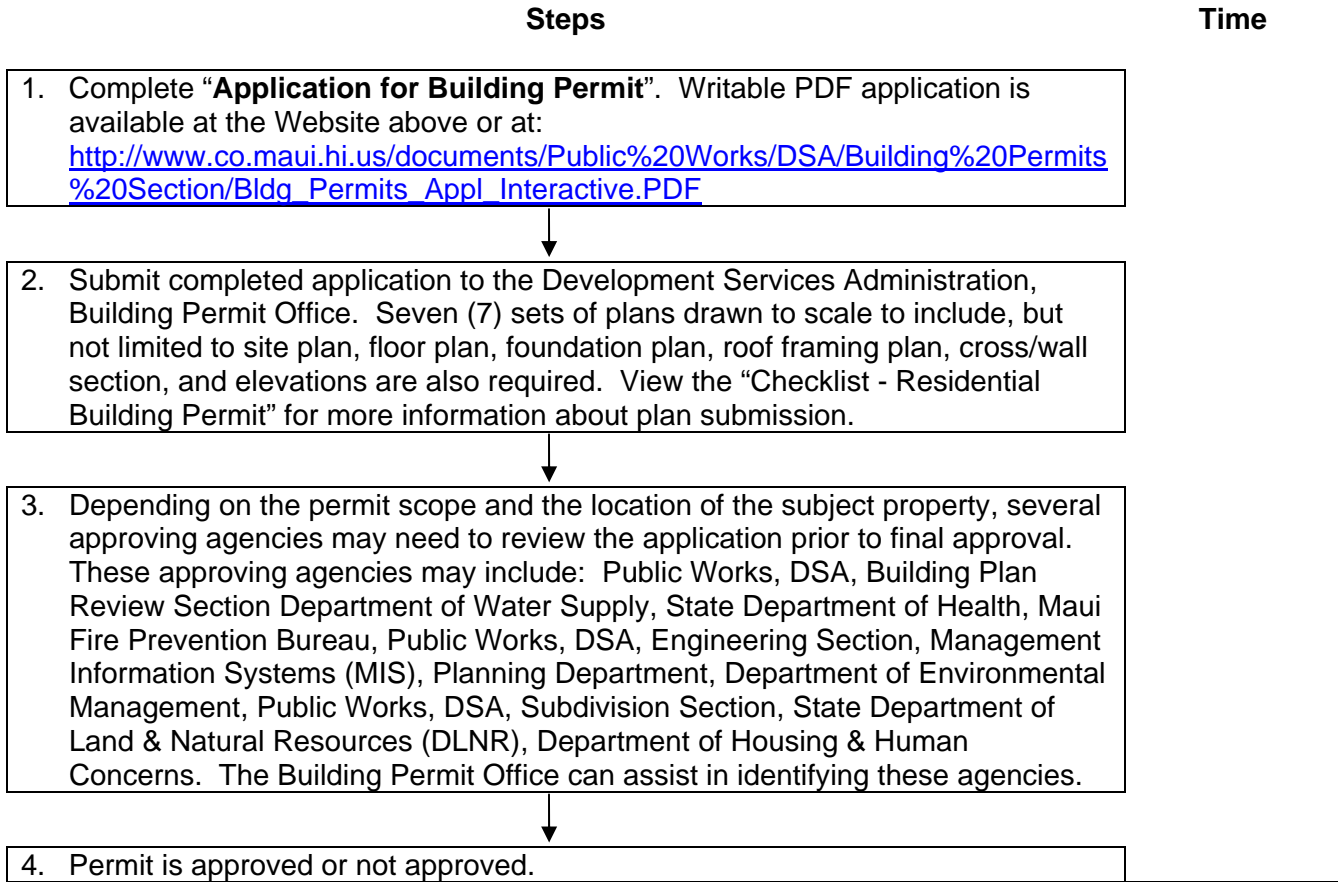
Website: <http://www.co.maui.hi.us/index.aspx?nid=1208>

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.



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.		
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**

PERMIT NUMBER
DATE ISSUED

Application for Building Permit

<p>INITIAL <input style="width: 50px; height: 20px;" type="checkbox"/></p> <p>I claim an exemption under HRS § 444-2(7) and hereby certify that this structure is for my personal use and not for use or occupancy by the general public. I further clarify that such building or structure will not be offered for sale or lease within one year after completion, and have read and understand the Disclosure State required by HRS § 444-2(7).</p> <p>Falsely claiming an exemption is a violation of § 444-2(7) and carries a fine of forty percent (40%) of the total contract price, or other amounts as stipulated in § 444-23(c).</p> <p><input style="width: 50px; height: 20px;" type="checkbox"/> I claim an exemption from the provisions of HRS Chapter 464, requiring certification and stamping of plans by a registered architect or structural engineer as permitted under § 464-13(b). I further certify that I will record this exemption with the Bureau of Conveyances as required by § 464-13(b).</p> <p><input style="width: 50px; height: 20px;" type="checkbox"/> Approval is granted subject to compliance with the use regulations set forth in HRS Chapter 205 and the Land Use Commission's Rules & Regulations. The owner will provide notice of these use regulations to future owners, heirs and assigns. I acknowledge that I have received from the County of Maui a copy of HRS § 205-4.5.</p> <p>Applicant certifies that he/she has determined if there are any restrictive covenants applicable to the proposed construction on subject property and if so, that the structure herein applied for conforms with said covenants. Applicant acknowledges that County has no responsibility to determine conformance with covenants and hereby agrees to defend and hold County harmless from any and all claims arising out of any alleged breach thereof.</p> <p style="margin-top: 20px;">_____ SIGNATURE OF OWNER</p> <p style="text-align: right; margin-right: 50px;">_____ DATE</p> <p>I hereby certify that I am a bona fide contractor in the State of Hawaii.</p> <p style="margin-top: 20px;">_____ SIGNATURE OF CONTRACTOR</p> <p style="text-align: right; margin-right: 50px;">_____ DATE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="background-color: black; color: white;">DEVELOPMENT SERVICES ADMINISTRATION USE ONLY</th> </tr> <tr> <td style="width: 5%;"></td> <td style="width: 65%;">AGENCY</td> <td style="width: 30%;">SIGNATURE</td> </tr> <tr> <td rowspan="10" style="writing-mode: vertical-rl; text-orientation: mixed; font-weight: bold;">APPROVALS</td> <td><input type="checkbox"/> WATER DEPT</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> HEALTH DEPT</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> FIRE PREV BUREAU</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DSA ENGR</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DSA BUILDING</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PLANNING DEPT</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> WWRD</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DSA SUBD</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DHHC</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DLNR</td> <td>_____</td> </tr> <tr> <td colspan="2">ISSUED BY</td> <td>ACCEPT. VAL \$</td> </tr> <tr> <td colspan="2"></td> <td>PERMIT FEE \$</td> </tr> <tr> <td colspan="3">REMARKS:</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">PROJECT NAME</td> </tr> <tr> <td>APPLICATION NO.</td> <td>T M K (s)</td> <td>ZONE</td> <td>SEC</td> <td>PLAT</td> <td>PAR</td> <td>LOT</td> <td>CONSTRUCTION TYPE</td> <td>OCCUPANCY GROUP</td> </tr> <tr> <td>DATE RECEIVED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OWNERSHIP</td> <td>ZONE</td> <td>FLOOD ZONE</td> </tr> </table>	DEVELOPMENT SERVICES ADMINISTRATION USE ONLY				AGENCY	SIGNATURE	APPROVALS	<input type="checkbox"/> WATER DEPT	_____	<input type="checkbox"/> HEALTH DEPT	_____	<input type="checkbox"/> FIRE PREV BUREAU	_____	<input type="checkbox"/> DSA ENGR	_____	<input type="checkbox"/> DSA BUILDING	_____	<input type="checkbox"/> PLANNING DEPT	_____	<input type="checkbox"/> WWRD	_____	<input type="checkbox"/> DSA SUBD	_____	<input type="checkbox"/> DHHC	_____	<input type="checkbox"/> DLNR	_____	ISSUED BY		ACCEPT. VAL \$			PERMIT FEE \$	REMARKS:												PROJECT NAME			APPLICATION NO.	T M K (s)	ZONE	SEC	PLAT	PAR	LOT	CONSTRUCTION TYPE	OCCUPANCY GROUP	DATE RECEIVED							OWNERSHIP	ZONE	FLOOD ZONE
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APPLICANT: PLEASE FILL IN AREA BELOW (PLEASE PRINT LEGIBLY!)										
PROJECT ADDRESS (HOUSE NO. AND STREET)					NATURE OF WORK (CHECK ALL THAT APPLY)					
PROJECT ADDRESS (TOWN AND DISTRICT)					[] NEW BUILDING		[] FENCE		[] FOUNDATION ONLY	
					[] RETAINING WALL		[] SHELL ONLY		[] RELOCATION	
LEGAL OWNER (FULL NAME)					[] ADDITION		[] ALTERATION		[] RECONSTRUCTION	
					[] MISC. STRUCTURE		[] REPAIR		[] DEMOLITION	
MAILING ADDRESS (INCLUDE ZIP CODE)					[] SITE WORK		[] SEA WALL		[] SWIMMING POOL	
					NOW OCCUPIED AS				TO BE OCCUPIED AS	
LESSEE/TENANT (1)					DIMENSIONS			WALLS		
MAILING ADDRESS (INCLUDE ZIP CODE)					PARTITIONS			FOUNDATION		
LESSEE/TENANT (2)					FLOORS			ROOF		
MAILING ADDRESS (INCLUDE ZIP CODE)					CEILING			BASEMENT FLOOR		
PLAN MAKER				LICENSE NO.		[] SEWER		ROOF OVERHANG		ESTIMATED VALUE OF WORK
MAILING ADDRESS (INCLUDE ZIP CODE)				[] INDIVIDUAL WASTEWATER SYSTEM						
MAILING ADDRESS (INCLUDE ZIP CODE)				NO. OF UNITS	NO. OF STORIES	FLOOR AREA		LOT AREA		
BUILDER				LICENSE NO.		DISTANCE TO NEAREST INTERIOR LOT BOUNDRY (FEET)				NEAREST BLDG.
MAILING ADDRESS (INCLUDE ZIP CODE)				TELEPHONE NO.		RIGHT: LEFT: REAR: FRONT:		REMARKS:		
APPLICANT NAME										
MAILING ADDRESS (INCLUDE ZIP CODE)					TELEPHONE NO.					
SIGNATURE OF APPLICANT					DATE					

(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)

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

SUBJECT: LETTER OF AUTHORIZATION FOR BUILDING PERMIT APPLICATION

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

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

STATE OF)
) SS.
COUNTY OF)

On _____, before me personally appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable in the capacities shown, having been duly authorized to execute such instrument in such capacities.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public, State of: _____

Print Name

My commission expires: _____

NOTARY PUBLIC CERTIFICATION

Doc. Date _____ # Pages _____

Notary Name: _____ Judicial Circuit: _____

Doc. Description:

Notary Signature: _____ Date: _____

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: _____

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

(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