Permit Packet Includes:
1. Process Overview
2. Land Use Commission District Boundary Change/Reclassification & instructions

Resources:
- Hawaii Revised Statutes, Chapter 205
- Maui County Code, Chapter 19.68, State Land Use District Boundaries

Approval or Permit Required: To implement provisions of H.R.S § 205-3.1 pertaining to applications for boundary amendments/reclassification of State Land Use District boundaries involving lands 15 acres or less presently classified in the Agricultural, Rural or Urban Districts. This permit does not apply to lands exceeding 15 acres or lands within the Conservation Districts. Refer to the State Land Use Commission process for lands greater than 15 acres and/or presently classified in the Conservation District.

Contact Information:
Department of Planning
Current Planning Division
2200 Main Street, Suite 619
Wailuku, HI 96793
Phone: 808-270-8205

Website: http://www.co.maui.hi.us/index.aspx?NID=1281
**APPENDIX MAUI-31**

**Land Use Commission District Boundary Amendment (DBA)**

**County of Maui**

**Department of Planning**

**Current Planning Division**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain a &quot;Land Use Commission District Boundary Change/Reclassification&quot; application packet from the Department of Planning or from the website listed above. All necessary forms, including a detailed checklist of Required Submittals are provided in the application packet.</td>
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<tr>
<td>2. Complete application and all necessary forms and documents. Submit completed application along with required documents to the Department of Planning.</td>
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<tr>
<td>3. The Director will schedule a public hearing on the application with the appropriate Planning Commission after it has been certified for completeness.</td>
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<td>4. The applicant must provide notice of application and hearing date to all landowners and lessees in the subject area, by certified or registered mail return receipt requested, not less than 30 days before the scheduled hearing date. A location map of the proposed project must be mailed along with the notice of application.</td>
<td>30 days prior to hearing</td>
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<tr>
<td>5. Submit an affidavit of mail notifications to the director on the form provided in the application packet no less than 10 days before the hearing date.</td>
<td>10 days prior to hearing</td>
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<td>6. Publish the notice as set forth in the application packet, at least once a week for three consecutive weeks prior to the hearing date.</td>
<td>21 days prior to hearing</td>
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<td>7. Public hearing by Planning Commission</td>
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<td>8. The Planning Commission will submit their findings, decision and recommendation on the application to the County Council. Approval of the application is through adoption by ordinance.</td>
<td>No timeline for approval</td>
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**Total Time Period:** > 180 days

<table>
<thead>
<tr>
<th>Fees</th>
<th>Amount</th>
<th>Maximum</th>
</tr>
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<tbody>
<tr>
<td>Fees dependent on project cost. See Fee Schedule, Table A.</td>
<td>$550</td>
<td></td>
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<tr>
<td>Public hearing is required.</td>
<td>~</td>
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<tr>
<td>*Applicant pays all notice, publication, and mailing fees.</td>
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<td></td>
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<tr>
<td><strong>Total Fees:</strong> $550 (minimum) No maximum</td>
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</table>

Updated December 2009
APPLICATION TYPE: LAND USE COMMISSION DISTRICT BOUNDARY CHANGE/RECLASSIFICATION

DATE: __________________________ VALUATION: __________________________

PROJECT NAME: __________________________

PROPOSED DEVELOPMENT: __________________________

TAX MAP KEY NO.: __________ CPR/HPR NO.: __________ LOT SIZE: ________

PROPERTY ADDRESS: __________________________

OWNER: ______________ PHONE:(B)____________ (H)____________

ADDRESS: __________________________

CITY: __________ STATE: __________ ZIP CODE: __________

OWNER SIGNATURE: __________________________

APPLICANT: __________________________

ADDRESS: __________________________

CITY: __________ STATE: __________ ZIP CODE: __________

PHONE (B): __________ (H): __________ FAX: __________

APPLICANT SIGNATURE: __________________________

AGENT NAME: __________________________

ADDRESS: __________________________

CITY: __________ STATE: __________ ZIP CODE: __________

PHONE (B): __________ (H): __________ FAX: __________

EXISTING USE OF PROPERTY: __________________________

CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION: __________

COMMUNITY PLAN DESIGNATION: _______ ZONING DESIGNATION: _______

OTHER SPECIAL DESIGNATIONS: __________________________
COUNTY OF MAUI
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: ___________________________ PHONE NO.: ___________
ADDRESS: __________________________________________________________
PROJECT NAME: _______________________________________________________
ADDRESS AND/OR LOCATION: ____________________________________________
TMK NUMBER(S): _______________________________________________________

ZONING INFORMATION

STATE LAND USE ________________ COMMUNITY PLAN ________________
COUNTY ZONING ________________ SPECIAL DISTRICT ________________
OTHER _______________________

FLOOD INFORMATION

FLOOD HAZARD AREA* ZONE ___________________

BASE FLOOD ELEVATION __________________ mean sea level, 1929 National Geodetic Vertical Datum or for Flood Zone A0, FLOOD DEPTH ______________feet.

FLOODWAY [ ] Yes or [ ] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [ ] Yes or [ ] No
* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

*******************************************************************************

FOR COUNTY USE ONLY

REMARKS/COMMENTS: ____________________________________________________
☐ Additional information required.
☐ Information submitted is correct.
☐ Correction has been made and initialed.

Reviewed and Confirmed by:

__________________________________________________________  ____________________
Signature                                                    Date

Zoning Administration and Enforcement Division
COUNTY OF MAUI
STATE LAND USE DISTRICT BOUNDARY
AMENDMENT/RECLASSIFICATION

SOURCE OF LEGAL AUTHORITY: Chapter 205, Hawaii Revised Statutes and Title 19, Maui County Code

INFORMATIONAL SHEET

The purpose of this application is to establish procedures for implementing the provisions of Section 205-3.1, HRS, pertaining to applications for boundary amendment/reclassification of State Land Use District boundaries involving lands fifteen acres or less presently classified in the Agricultural, Rural or Urban Districts. Applicants applying for lands over fifteen acres or classified as Conservation District, should contact the State Land Use Commission for appropriate procedures.

Upon submittal of a State District Boundary Amendment/Reclassification Application, it will be reviewed for completeness.

Upon certification of completeness, a hearing will be scheduled with the appropriate Planning Commission to review. The Commission shall make a recommendation to the County Council. Approval of the application is through adoption by ordinance.

Between the date of certification of completeness and the Planning Commission hearing, the following must be completed:

APPLICANT:

1. Notification of property owners and lessees of hearing date by certified mail or registered mail, return receipt requested. (Notification letter to owners and lessees are to be mailed after listing and map are checked and verified, application accepted and public hearing scheduled. A location map of the proposed project shall be sent with the notice. Said notification shall be made 30 days prior to the public hearing.) The applicant shall submit an affidavit of mailing to the Director on a form provided by the Department certifying that notice, as required herein has been provided.

2. Publication of the notice in a newspaper of general circulation in the county, once a week for three consecutive weeks prior to any public hearing.

PLANNING DEPARTMENT:

1. Published notice in a newspaper of general circulation within the County of the scheduled hearing.

2. Preparation of report and recommendation to the Commission.

Revised 07/03
LAND USE COMMISSION DISTRICT BOUNDARY CHANGE/RECLASSIFICATION
REQUIRED SUBMITTALS

District Boundary Change/Reclassification:
From: _____________________________________ To: ______________________________________

__ 1. Evidence that the applicant is the owner or lessee of record of the real property to be reclassified.

__ 2. A notarized letter of authorization from the legal owner if the applicant is not the owner.

__ 3. List of owners and lessees of real property within a 500 feet radius of the subject parcel should be obtained from the most current available list at the Maui County Department of Finance, Real Property Tax Division. This list should include the tax map key numbers and the names and addresses of all owners, lessees, and members of the Board of Directors or managing agents to be notified, including a map drawn to scale, clearly defining the 500 feet notification boundary and the parcels affected.

__ 4. A non-refundable filing fee (See Fee Schedule, Table A); payable to County of Maui, Director of Finance.

(One Original and One copy)

__ 1. Legal Description and map drawn to scale of the subject property.

__ 2. Reason(s) justifying the request.

__ 3. Report addressing how the proposed district change conforms to the standards establishing the use district as identified in Chapter 15, Land Use Commission Rules, Subchapter 2 Establishment of State Land Use Districts.

__ 4. Map of site and proposed land use.

After reviewing these documents for completeness, the department will notify the applicant of the number of additional copies needed to be provided for agency transmittal.
TO: Owners/Lessees

Please be informed that the undersigned has applied to the Planning Commission of the County of Maui for a State Land Use District Boundary Amendment/Reclassification for the following parcel(s):

1. Tax Map Key: ________________________________________________________________
2. Location: In the vicinity of ______________________________________________________
3. Area of parcel: _________________________________________________________________
4. Reclassified from ___________________________ to ___________________________________
5. Proposed Development: ___________________________________________________________

__________________________________________________________________________

THIS SECTION TO BE COMPLETED BY THE PLANNING DEPARTMENT:

Public Hearing Date: __________________________________________
Time: __________________________________________
Place: __________________________________________

Attached please find a map identifying the location of the specific parcel(s) being considered in the request for State Land Use District Boundary Amendment/Reclassification.

The hearing is held under the authority of Chapter 92, Hawaii Revised Statutes, Title 19 of the Maui County Code, and the appropriate Commission rules.

Testimony relative to this request may be submitted in writing prior to the hearing to the appropriate Planning Commission c/o the Maui Planning Department, 250 South High Street, Wailuku, Maui, Hawaii 96793, or presented in person at the time of the public hearing.

Information relative to the application is available for review at the Planning Department, 250 South High Street, Wailuku, Maui, Hawaii, Telephone (808) 270-7735; toll free from Molokai 1-800-272-0117, Extension 7735; and toll free from Lanai 1-800-272-0125, Extension 7735.

__________________________________________ Name of Applicant
__________________________________________ Signature
__________________________________________ Address
(_(___)________________________ Telephone
NOTARIZED AFFIDAVIT OF MAILING

________________________________________, being first duly sworn on oath, deposes and says that:

1. Affiant is the applicant for a _______________________________________________
   for land situated at ________________________________________________________,
   TMK: _______________________________

2. Affiant did on _________________________, 20____, deposit in the United States mail, post paid, by certified or registered mail and delivery to addressee, a copy of a Notice of Hearing, a copy of which is attached hereto as “Exhibit A” and made a part hereof, addressed to each of the persons identified on “Exhibit B,” attached hereto and made a part hereof.

3. Thereafter there was returned to the Office of Affiant the United States Post Office Certified or Registered Mail Receipts, which are attached hereto as “Exhibit C” and made a part hereof.

Further Affiant sayeth naught:

________________________________________