Permit Packet Includes:
1. Process Overview
2. Molokai Shoreline Setback Variance Application Packet & instructions

Resources:
- Maui County Code, Chapter 19.510 (Application and Procedures,
- Hawaii Revised Statutes, Chapter 205
- Rules of the Molokai Planning Commission relating to the Shoreline Area

Approval or Permit Required: To allow for proposed structures, facilities, construction or any such activities which are prohibited within the shoreline setback area.

Contact Information: Department of Planning
250 S. High Street
Wailuku, HI 96793
Phone: 808-270-7735

Website: http://www.co.maui.hi.us/index.aspx?NID=1271
NOTE:
- No expiration date, however, the approval can expire if construction has not started by the deadline stated in the permit.
- Applicant must be in full compliance with Chapter 200 of the State Department of Health, Environmental Impact Rules before a hearing can be scheduled by the Planning Department.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain and complete the &quot;Molokai Shoreline Setback Variance Application Packet&quot;, available online or from the Maui Department of Planning. A more detailed flowchart is included in the packet.</td>
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</tr>
<tr>
<td>2. Submit application and non-refundable filing fee. See Fee Schedule, Table A. Checks are payable to the &quot;County of Maui, Director of Finance&quot;.</td>
<td></td>
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<tr>
<td>3. After the hearing date is set, the Applicant must notify adjacent landowners and recorded lessees of the hearing date at least 30 days before the hearing date. Proof of notification must be mailed to the Planning Department at least 10 days prior to the hearing date. (All required forms, including a detailed checklist, are included in the Packet).</td>
<td>30 days</td>
</tr>
<tr>
<td>4. Public hearing.</td>
<td></td>
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<tr>
<td>5. Variance granted or denied.</td>
<td></td>
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</tbody>
</table>

**Total Time Period:** TBD

<table>
<thead>
<tr>
<th>Fees</th>
<th>Amount</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee varies (see Fee Schedule, Table A).</td>
<td>$550</td>
<td></td>
</tr>
<tr>
<td>Public hearing is required.</td>
<td>~</td>
<td></td>
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<tr>
<td><strong>Total Fees:</strong></td>
<td>$550 (minimum)</td>
<td>No maximum</td>
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MOLOKAI PLANNING COMMISSION
SHORELINE SETBACK VARIANCE

SOURCE OF LEGAL AUTHORITY:
Chapter 205, Hawaii Revised Statutes, as amended Article III, Rules and Regulation of the Maui County Planning Commission.

INFORMATIONAL SHEET

A variance is required for all proposed structures, facilities, construction or any such activities which are prohibited within the shoreline setback area. (The shoreline setback is not less than 25 feet and not more than 150 feet inland from the upper reaches of the wash of waves, usually evidenced by the edge of vegetation growth, or the upper line of debris left by wash of the waves.) This will protect the public’s right of utilize and enjoy the shoreline to the fullest extent possible; to preserve the natural shoreline environment with compatible man-made features, and to protect the natural shoreline processes.

Upon submittal of a Shoreline Setback Variance Application, it will be reviewed for completeness.

Upon certification of completeness, a hearing will be scheduled with the Molokai Planning Commission to review and act upon the Commission hearing, the following must be completed:

   PLANNING DEPARTMENT:
   1. Referral to other agencies for comments.
   2. Preparation of report.

Revised 09/03
FLOW CHART

- Submittal of Application
  - Certification of Completeness
    - Referral to Agencies
      - Staff Report
        - Planning Commission Hearing
          - Action
APPLICATION TYPE: MOLOKAI PLANNING COMMISSION
SHORELINE SETBACK VARIANCE

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: __________________________________________________
SHORELINE SETBACK VARIANCE
REQUIRED SUBMITTALS

____ 1. Evidence that the applicant is the owner or lessee of record of the real property.

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

____ 3. Original and (2) copies of the shoreline survey certified by the Department of Land and Natural Resources within the preceding (12) months.

____ 4. Original and one (1) set of a site plan showing the location of the shoreline drawn to a minimum scale of 1"=20'. The shoreline and existing conditions along properties immediately adjacent shall also be shown on the site plans. It shall also include contours at a minimum interval of 2 feet, together with all natural and man made features in the subject area unless otherwise required by the Director.

____ 5. A written justification for the requested variance.

____ 6. Original and one (1) set of a preliminary drainage and erosion control report, and a grading plan.

____ 7. Original and one (1) set of an environmental assessment may be required.

____ 8. Photographs (preferably slides) of the shoreline area.

____ 9. A Non-refundable filing fee (See fee schedule, Table A); checks payable to County of Maui, Director of Finance.

NOTE: Original and one (1) set of items 3 - 7 will be reviewed by Planning Department Staff for transmittal to agencies. Planning Department will notify the applicant of how many additional sets of application packet are needed for agency transmittal.
Please be informed that the undersigned has applied to the Molokai Planning Commission of the County of Maui for a Shorelines Setback Variance at the following parcel:

1. Tax Map Key: ________________________________________________________________
2. Location: In the vicinity of _______________________________________________________
3. Zoning Description: ____________________________________________________________
4. Proposed Use: __________________________________________________________________

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 being considered in the request for Shoreline Setback Variance Application.

Petitions to intervene shall be in conformity with §12-1-16, of the Rules of Practice and Procedure, for the Molokai Planning Commission, and shall be filed with the Commission, and served upon the applicant no less than ten (10) days before the first public hearing date. Filing of all documents of the Commission is in c/o the Maui Planning Commission, 250 South High Street, Wailuku, Maui, Hawaii, 96793.

The computation of time begins with the day following the act, event, or default, and includes the last day of the period, unless, it is a Saturday, Sunday or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or holiday. When the prescribed period of time is ten (10) day or less, Saturdays, Sundays, or holidays within the designated period, shall be excluded in the computation.

Any party may be represented by Counsel or other representative(s).

Information relative to the application is available for review at the Planning Department, 250 South High Street, Wailuku, Maui, Hawaii, or telephone 270-7735, or toll-free from Molokai at 1-800-272-0117, extension 7735, or toll-free from Lanai at 1-800-272-0125, extension 7735.

Name of Applicant
Signature
Address
Phone Number

Applicant’s Agent, (if applicable)
Signature
Address
Phone Number
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  09/03