

# 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><b>INITIAL</b> <input style="width: 40px; height: 20px;" type="text"/></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 certify 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 Statement 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: 40px; height: 20px;" type="text"/> 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</p> <p><input style="width: 40px; height: 20px;" type="text"/> Approval is granted subject to compliance with the use regulations set forth in HRS Chapter 205 and the Land Use Commission's Rules &amp; 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>_____ SIGNATURE OF OWNER <span style="float: right;">DATE</span></p> <p>I hereby certify that I am a bona fide contractor in the State of Hawaii.</p> <p>_____ SIGNATURE OF CONTRACTOR <span style="float: right;">DATE</span></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">DEVELOPMENT SERVICES ADMINISTRATION USE ONLY</th> </tr> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>A P P R O V A L S  R E Q U I R E D</b></td> <td style="width: 60%;"> <table style="width: 100%;"> <tr> <th style="text-align: left;">AGENCY</th> <th style="text-align: left;">SIGNATURE</th> <th style="text-align: left;">DATE</th> </tr> <tr> <td><input type="checkbox"/> WATER DEPT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> HEALTH DEPT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> FIRE PREV BUREAU</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DSA ENGR</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DSA BUILDING</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PLANNING DEPT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> WWRD</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PARKS DEPT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DHHC</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DOE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> DLNR</td> <td>_____</td> <td>_____</td> </tr> </table> </td> <td style="width: 30%;"></td> </tr> <tr> <td colspan="2">ISSUED BY: _____</td> <td>ACCEPT. 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APPLICANT: PLEASE FILL IN AREA BELOW (PLEASE PRINT LEGIBLY!)			
PROJECT ADDRESS (HOUSE NO., STREET, SUITE NO.)	NATURE OF WORK (CHECK ALL THAT APPLY)		
PROJECT ADDRESS (CITY AND ZIP CODE)	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> RELOCATION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> RET. WALL/FENCE <input type="checkbox"/> SHELL ONLY <input type="checkbox"/> SWIMMING POOL <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		
LEGAL OWNER (FULL NAME)	NOW OCCUPIED AS		
MAILING ADDRESS (INCLUDE ZIP CODE)	TO BE OCCUPIED AS		
LESSEE/TENANT	DIMENSIONS		
MAILING ADDRESS (INCLUDE ZIP CODE)	WALLS		
ARCHITECT OR STRUCTURAL ENGINEER	PARTITIONS		
LICENSE NO.	FOUNDATION		
MAILING ADDRESS (INCLUDE ZIP CODE)	FLOORS		
ARCHITECT OR STRUCTURAL ENGINEER'S EMAIL ADDRESS	ROOF		
BUILDER	CEILING		
LICENSE NO.	BASEMENT FLOOR		
MAILING ADDRESS (INCLUDE ZIP CODE)	<input type="checkbox"/> COUNTY SEWER    ROOF OVERHANG    ESTIMATED VALUE OF WORK <input type="checkbox"/> PRIVATE SEWER, SEPTIC, OR CESSPOOL		
ARCHITECT OR STRUCTURAL ENGINEER'S EMAIL ADDRESS	NO. OF UNITS	NO. OF STORIES	FLOOR AREA
MAILING ADDRESS (INCLUDE ZIP CODE)	TELEPHONE NO.		LOT AREA
APPLICANT NAME	DISTANCE TO NEAREST INTERIOR LOT BOUNDARY (FEET)		
TELEPHONE NO.	RIGHT:	LEFT:	REAR:    FRONT:
MAILING ADDRESS (HOUSE NO., STREET, SUITE NO.)	REMARKS: _____ _____ _____ _____		
MAILING ADDRESS (INCLUDE ZIP CODE)			
SIGNATURE OF APPLICANT			
DATE			
APPLICANT'S EMAIL ADDRESS			