

PURSUANT TO CHAPTER 92, HAWAII REVISED STATUTES AS AMENDED, NOTICE IS HEREBY GIVEN OF A SPECIAL MEETING OF THE MAUI PLANNING COMMISSION

OFFICE OF THE
COUNTY CLERK

2014 NOV 12 AM 10:19

RECEIVED

AGENDA

DATE: NOVEMBER 19, 2014 (Wednesday)
TIME: 6:00 P.M.
PLACE: West Maui Senior Center, 788 Pauoa Street, Lahaina, Island of Maui

Members: Ivan Lay (Chair), John "Keone" Ball (Vice-Chair), Sandra Duvauchelle, Jack Freitas, Wayne Hedani, Richard Higashi, Jason Medeiros, Max Tsai, Penny Wakida

- A. CALL TO ORDER
- B. PUBLIC TESTIMONY - At the discretion of the Chair, public testimony may also be taken when each agenda item is discussed, except for contested cases under Chapter 91, HRS. Individuals who cannot be present when the agenda item is discussed may testify at the beginning of the meeting instead and will not be allowed to testify again when the agenda item is discussed.
- C. PUBLIC HEARINGS (Action to be taken after each public hearing.)
 - 1. MR. WILLIAM SPENCE, Planning Director, on behalf of the NEWPORT HOSPITAL CORPORATION transmitting the following applications for the proposed West Maui Hospital and Medical Center to be located on approximately 14.99 acres of land on Kakaalaneo Drive mauka of Honoapiilani Highway at TMK: 4-4-002: 052 (por.), Kaanapali, Island of Maui (G. Flammer):
 - a. a Community Plan Amendment to amend the project district description of West Maui Project District 3 (CPA 2014/0002);
 - b. a State Land Use District Boundary amendment from State Agriculture District to State Urban District (DBA 2014/0002);
 - c. a Change in Zoning from R-3 Residential District to West Maui Project District 3 (Kaanapali North Beach Mauka) (CIZ 2014/0002);
 - d. a Phase 1 Project District Approval to establish uses and development standards for the Health and Wellness Sub-district of West Maui Project District 3 (Kaanapali North Beach Mauka) (PH1 2014/0001); and
 - e. a Phase 2 Project District Approval to approve the preliminary site plan for the proposed West Maui Hospital and Medical Center of West Maui Project District 3 (Kaanapali North Beach Mauka) (PH2 2014/0002).

The proposed full-service, acute care hospital and medical care center will have the following facilities and service areas: hospital, assisted living facility, skilled nursing facility, medical offices, and rehabilitation center.

The Planning Director is initiating these land use changes.

2. MR. WILLIAM SPENCE, Planning Director on behalf of the NEWPORT HOSPITAL CORPORATION transmitting the following applications to revert the land use entitlements for the West Maui Hospital at the site near the Lahaina Civic Center back to their original land use designations for 14.92 acres of land situated at TMK: 4-4-006: 070 (por.), Lahaina, Island of Maui. (G. Flammer):
 - a. a Community Plan Amendment from Public/Quasi-Public to Agriculture (CPA 2014/0003);
 - b. a State Land Use District Boundary Amendment from State Urban District to State Agriculture District (DBA 2014/0003);
 - c. a Change in Zoning from P-1 Public/Quasi-Public District to County Agriculture District (CIZ 2014/0003).

The Planning Director is initiating these land use changes.

D. NEXT REGULAR MEETING DATE: NOVEMBER 25, 2014

E. ADJOURNMENT

AGENDA ITEMS ARE SUBJECT TO CANCELLATION

AN EXECUTIVE SESSION MAY BE CALLED IN ORDER FOR THE COMMISSION TO CONSULT WITH THEIR ATTORNEY ON QUESTIONS AND ISSUES PERTAINING TO THE COMMISSION'S POWERS, DUTIES, PRIVILEGES, IMMUNITIES AND LIABILITIES PURSUANT TO SEC. 92-5(a)(4), HRS.

UNLESS OTHERWISE SPECIFIED BY ANOTHER SPECIFIC PLANNING COMMISSION RULE, ANY PETITION TO INTERVENE AS A FORMAL PARTY IN THE PROCEEDINGS BEFORE THE MAUI PLANNING COMMISSION MUST BE FILED WITH THE COMMISSION AND SERVED UPON THE APPLICANT NO LESS THAN TEN (10) DAYS BEFORE THE FIRST PUBLIC HEARING DATE. (Note: The calculation of time for deadlines ten days or less excludes weekends and State recognized holidays.) THE ADDRESS OF THE COMMISSION IS C/O the DEPARTMENT OF PLANNING, ONE MAIN PLAZA, 2200 MAIN STREET, SUITE 315, WAILUKU, MAUI, HAWAII 96793. The deadline for filing a timely Petition to Intervene for an item where the first public hearing date is on November 19, 2014 was on November 3, 2014.

ORAL OR WRITTEN TESTIMONY WILL BE RECEIVED ON EACH AGENDA ITEM SUBJECT TO THE PROVISIONS OF CHAPTER 92, HAWAII REVISED STATUTES AND THE COMMISSION'S RULES OF PRACTICE AND PROCEDURE. IN ACCORDANCE WITH THESE RULES MAXIMUM TIME LIMITS OF AT LEAST THREE MINUTES MAY BE ESTABLISHED BY THE COMMISSION ON INDIVIDUAL TESTIMONY.

WRITTEN TESTIMONY REQUESTED SHOULD BE RECEIVED AT LEAST TWO (2) BUSINESS DAYS BEFORE THE MEETING TO INSURE DISTRIBUTION TO THE BOARD. FIFTEEN (15) COPIES OF WRITTEN TESTIMONY ARE NEEDED IF TESTIMONY IS PRESENTED IMMEDIATELY PRIOR TO OR AT THE MEETING.

Testifiers: Please be advised that applications for Community Plan Amendment, State District Boundary Reclassification, Change in Zoning, and Conditional Permit require the approval of the Maui County Council. In order to be notified of future agendas of the Maui County Council please notify the Office of Council Services at (808) 270-7838 or by mail to the Maui County Council,

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200 S. High Street, Wailuku, Maui, Hawaii 96793.

DOCUMENTS ARE ON FILE WITH THE PLANNING DEPARTMENT.

THE ADDRESS OF THE COMMISSION IS C/O DEPARTMENT OF PLANNING, ONE MAIN PLAZA, 2200 MAIN STREET, SUITE 315, WAILUKU, MAUI, HAWAII 96793.

THOSE PERSONS REQUESTING SPECIAL ACCOMMODATIONS DUE TO DISABILITIES, PLEASE CALL THE DEPARTMENT OF PLANNING AT 270-7735 (Maui) OR 1-800-272-0117 (Molokai) OR 1-800-272-0125 (Lanai) OR NOTIFY THE DEPARTMENT OF PLANNING IN WRITING AT ONE MAIN PLAZA 2200 MAIN STREET SUITE 315, WAILUKU, MAUI, HAWAII 96793 OR FAX NUMBER 270-7634; AT LEAST SIX (6) BUSINESS DAYS BEFORE THE SCHEDULED MEETING.

ANY FAXES SHOULD BE RECEIVED BY THE DEPARTMENT OF PLANNING BY 5:00 P.M. ON THE SECOND WORKING DAY BEFORE THE MEETING TO ENSURE THAT IT IS CIRCULATED TO THE COMMISSION.

PLEASE NOTE: If any member of the Commission is unable to attend the scheduled meeting, please contact the Planning Department at least one day prior to the meeting date. Thank you for your cooperation. (S:\all\carolyn\111914.age)