

APPLICATION NO		PS-FORM A					BUILDING PERMIT NO					
		APPLICATION FOR BUILDING PERMIT										
DATE RECEIVED		COUNTY OF MAUI					ISSUED DATE					
		DEVELOPMENT SERVICES ADMINISTRATION										
		250 SOUTH HIGH STREET, WAILUKU, HAWAII 96793										
		(808) 270-7250										
APPLICANT: COMPLETE AREA BELOW (ONE APPLICATION PER STRUCTURE)												
NOW OCCUPIED AS			TO BE OCCUPIED AS			NATURE OF WORK (CHECK ALL THAT APPLY)						
						NEW BUILDING	SHELL ONLY	DEMOLITION				
ESTIMATED MARKET VALUE OF WORK \$						ADDITION	FOUNDATION	TEMPORARY				
IBC OCCUPANCY GROUP (OPTIONAL)			IBC TYPE OF CONSTRUCTION (OPTIONAL)			ALTERATION	SWIMMING POOL	OTHER Description				
ZONING (OPTIONAL)			FLOOD ZONE (OPTIONAL)		SMA	REPAIR	FENCE/RET. WALL					
TMK	COUNTY (2)	ZONE	SEC	PLAT	PAR	LOT/CPR	DESCRIPTION OF USE AND WORK TO BE DONE					
PROJECT NAME (NAME ON PLANS)												
ADDRESS (HOUSE NO. STREET, SUITE NO.)												
ADDRESS (CITY & ZIP CODE)												
						NUMBER OF EXISTING DWELLING UNITS	NUMBER OF NEW DWELLING UNITS					
OWNER NAME						DISTANCE TO PROPERTY LINES & BLDGS						
MAILING ADDRESS						FRONT	REAR	LEFT	RIGHT	NEAREST BLDG		
EMAIL ADDRESS						PHONE NO.						
LESSEE NAME <small>COMPLETE PS-FORM B IF APPLICANT IS NOT THE OWNER</small>						WASTEWATER SERVICE <small>(CHECK ONE)</small>		WATER SERVICE <small>(CHECK ONE)</small>				
MAILING ADDRESS						COUNTY SEWER		COUNTY WATER				
LESSEE EMAIL ADDRESS						PRIVATE SEWER		PRIVATE WATER				
						SEPTIC / CESSPOOL						
APPLICANT COMPLETE IF NOT OWNER (PRINT NAME)						ALSO COMPLETE PS-FORMS C & E						
MAILING ADDRESS (HOUSE NO. STREET, SUITE NO.)						ARCHITECT OR ENGINEER		LICENSE NO.				
MAILING ADDRESS (CITY & ZIP CODE)						EMAIL ADDRESS		PHONE NO.				
EMAIL ADDRESS						PHONE NO.						
COMPLETE PS-FORM B IF THE APPLICANT IS NOT THE OWNER OR TO DESIGNATE AN AGENT OWNER OR APPLICANT SIGNATURE						CONTRACTOR (COMPANY)		LICENSE NO.				
DATE						EMAIL ADDRESS		PHONE NO.				
						RME OR AUTHORIZED PERSONNEL (PRINT NAME)						
BL	DLNR	DOE	EL	EM	FD	HD	HHC	ITSC	PARKS	PD	WD	PS-Form A 6/2018

PS-FORM B

OWNER'S AUTHORIZATION TO APPLY FOR AND OBTAIN A BUILDING PERMIT

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT

Tax Map Key: (2)	-----

Complete this form if:

1. The building permit applicant is not the property owner.
2. The property owner authorizes the lessee, agent, and/or contact to act on their behalf.

- Complete **Section A**
- Owner shall complete **Section B**
- If owner is a corporation, partnership, LLC, governmental agency, or other entity responsible person shall complete **Section C**

A	LESSEE/AGENT/CONTACT (<i>PRINT NAME</i>)	PHONE NO.
	ADDRESS (<i>INCLUDE ZIP CODE</i>)	EMAIL
	LESSEE/AGENT/CONTACT (<i>PRINT NAME</i>)	PHONE NO.
	ADDRESS (<i>INCLUDE ZIP CODE</i>)	EMAIL
B	I authorize the following person(s) listed in Part A to act and sign on my behalf in obtaining a building permit(s) on the subject property.	
	OWNER (<i>PRINT NAME</i>)	OWNER SIGNATURE
		DATE (mm/dd/yy)
C	I authorize the following person(s) listed in Part A to act and sign on my behalf in obtaining a building permit(s) on the subject property.	
	CORPORATION, PARTNERSHIP, LLC, GOV'T AGENCY, OTHER ENTITY	
	NAME OF OFFICER & TITLE (<i>PRINT</i>)	SIGNATURE
		DATE (mm/dd/yy)
I certify I am authorized to act on behalf of the corporation, partnership, LLC, governmental agency.		

PS-FORM C

**DESIGN PROFESSIONAL
AUTHORIZATION TO SUBMIT DOCUMENTS
FOR A BUILDING PERMIT**

(MCC 16.26B.106.3.4.1)

Project Name:	County Use Only
	APPLICATION NO.
Property Owner:	DATE/COMMENT

Tax Map Key: (2)	-----

I authorize the use of documents prepared by me to be submitted for building permit purposes.

My current Hawaii professional license will expire on: _____
DATE (mm/dd/yy)

EMAIL

PHONE NO.

DESIGN PROFESSIONAL (SIGNATURE)

DATE (mm/dd/yy)

Wet Stamp of Architect/Engineer

PS-FORM D

CONTRACTOR'S STATEMENT OR OWNER BUILDER DISCLOSURE STATEMENT

(For residential or farm buildings or structures for their own use)

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT

Tax Map Key: (2)	-----

- **Complete Section A if construction will be done by a licensed building contractor.**
- **Complete Section B if an owner or lessee will use the owner building exemption pursuant to HRS, Section 444-2(7).**

A	I hereby certify that I am a bona fide contractor in the State of Hawaii and contractor for the subject building permit application.						
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">CONTRACTOR RME (<i>PRINT NAME</i>)</td><td style="width: 30%;">SIGNATURE</td><td style="width: 30%;">DATE (mm/dd/yy)</td></tr><tr><td>LICENSE NO.</td><td>EMAIL</td><td>PHONE NO.</td></tr></table>	CONTRACTOR RME (<i>PRINT NAME</i>)	SIGNATURE	DATE (mm/dd/yy)	LICENSE NO.	EMAIL	PHONE NO.
CONTRACTOR RME (<i>PRINT NAME</i>)	SIGNATURE	DATE (mm/dd/yy)					
LICENSE NO.	EMAIL	PHONE NO.					
B	OWNER BUILDER DISCLOSURE STATEMENT HRS. SECTION 444-2(7) http://cca.hawaii.gov/pvl/hrs/						
	<p>State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption provided in section 444-2.5, Hawaii Revised Statutes, allows you, as the owner or lessee of your property, to act as your own general contractor even though you do not have a license. You must supervise the construction yourself. You must also hire licensed subcontractors. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within one year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of the exemption, and you may be prosecuted for this. It is your responsibility to make sure that subcontractors hired by you have licenses required by state law and by county licensing ordinances. Electrical or plumbing work must be performed by contractors licensed under chapters 448E and 444, Hawaii Revised Statutes. Any person working on your building who is not licensed must be your employee which means that you must deduct F.I.C.A. and withholding taxes and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. If you violate section 444-2.5 or fail to comply with the requirements set forth in this disclosure statement, you may be fined \$5,000 or forty per cent of the appraised value of the building as determined by the county tax appraiser, whichever is greater, for the first offense; and \$10,000 or fifty per cent of the appraised value of the building as determined by the county tax appraiser, whichever is greater, for any subsequent offense.</p>						
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">OWNER (<i>PRINT NAME</i>)</td><td style="width: 30%;">OWNER SIGNATURE</td><td style="width: 30%;">DATE (mm/dd/yy)</td></tr></table>	OWNER (<i>PRINT NAME</i>)	OWNER SIGNATURE	DATE (mm/dd/yy)			
OWNER (<i>PRINT NAME</i>)	OWNER SIGNATURE	DATE (mm/dd/yy)					

PS-FORM E
SPECIAL INSPECTIONS FORM
 2006 International Building Code, Section 1704

County Use Only
APPLICATION NO.
DATE/COMMENT

Submittal, Duties, and Responsibilities of the Design Professional and Special Inspector	
1.	A <u>separate Special Inspections Form</u> is required for each building permit application.
2.	Observe work assigned for conformance with approved design drawings and specifications.
3.	Furnish inspection reports to the owner, the architect or engineer of record. Discrepancies shall be brought to the immediate attention of the contractor for correction, then, if uncorrected to proper design authority and to the building official.
4.	Prior to final inspection, the architect or engineer of record shall submit a written statement to the Building Inspection Section verifying receipt of the final inspection reports and documenting that there are no unresolved code requirements that create significant public safety deficiencies.

Type of Work Requiring Special Inspections			
Detailed clarification of the items listed above can be found in the amended 2006 International Building Code, Section 1704			
Item No.		Item No.	
1.	Steel Construction	9.	Pier Foundations
2.	Welding	10.	Spray Fire-Resistant Materials
3.	High Strength Bolting	11.	Mastic and Intumescent Fire-Resistant Coatings
4.	Concrete Construction	12.	Exterior Insulation and Finish Systems (EIFS)
5.	Masonry Construction	13.	Smoke Control
6.	Wood Construction	14.	Complete Load Path and Uplift Ties
7.	Soils	15.	Termite Protection
8.	Pile Foundations	16.	Special Cases Describe:

ARCHITECT OR ENGINEER OF RECORD TO COMPLETE BELOW				
If the engineer or architect of record will be the special inspector only the item no. needs to be completed.				
Item No.	Print Name of Special Inspector	License No.	Signature of Special Inspector	Phone No.
Check box if special inspections are not required				
Project Name/Description of Work				
PRINT NAME OF ENGINEER OR ARCHITECT OF RECORD		LICENSE NO.	EMAIL ADDRESS	
ENGINEER OR ARCHITECT OF RECORD SIGNATURE		DATE (mm/dd/yy)	PHONE NO.	

PS-FORM F

**ACCESSIBILITY STATEMENT
CHAPTER 11
2006 INTERNATIONAL BUILDING CODE
(MCC 16.26B.1101)**

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT

Tax Map Key: (2)	-----

Buildings or portions of buildings shall be accessible to persons with disabilities in accordance with the following regulations:

1. For construction of buildings or facilities of the State and County Governments, compliance with HRS 103-50, administered by the Disability Communication Access Board, State of Hawaii.
2. Americans with Disabilities Act, administered and enforced by the U.S. Department of Justice.
3. Fair Housing Act, administered and enforced by the U.S. Department of Housing and Urban Development.
4. Any other pertinent laws relating to accessibility for persons with disabilities shall be administered and enforced by agencies responsible for their enforcement.

I acknowledge that all requirements relating to accessibility for persons with disabilities shall be complied with.

OWNER/AGENT/DESIGN PROFESSIONAL (PRINT NAME) ADDRESS PHONE NO.

OWNER/AGENT/DESIGN PROFESSIONAL (SIGNATURE) DATE (mm/dd/yy) EMAIL

PS-FORM G

**HAWAII REVISED STATUTES SECTION 103-50
COMPLIANCE DISCLOSURE**

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENTS

Tax Map Key: (2)	-----

1. Is the project being designed, constructed, purchased, or leased with the use of any state or county funds or federal funds administered by the State or County?

Check one **Yes** [] **No** []

2. Will the project house state or county programs, services, or activities that are intended to be accessed by the general public?

Check one **Yes** [] **No** []

3. Is the project being constructed on state or county lands or lands that will be transferred to the State or County?

Check one **Yes** [] **No** []

OWNER/AGENT/DESIGN PROFESSIONAL (PRINT NAME) ADDRESS PHONE NO.

OWNER/AGENT/DESIGN PROFESSIONAL (SIGNATURE) DATE (mm/dd/yy) EMAIL

Should you have any questions, please contact:
Disability and Communication Access Board (DCAB)
919 Ala Moana Blvd., Room 101
Honolulu, Hawaii 96814
(808) 586-8121 (Voice or TTY)
(808) 586-8129 (Fax)
dcab@doh.hawaii.gov <http://health.hawaii.gov/dcab>

EL-FORM H

GRADING and GRUBBING PERMIT CHECK

Project Name:	BUILDING PERMIT APPLICATION #
Project Address:	PLAN WAIVER #
Tax Map Key: (2)	<small>The building plans will not be able to be reviewed by DSA- Engineering for permit approval until this form is completed and approved. Please call Civil Construction Section at 270-7242, should you have questions on completion of this form.</small>

Check one

OUTSIDE OF SMA DISTRICT: The excavation or backfill for the structure need not be considered for this computation if a building permit is issued. However, earthwork quantities outside of the building limits, such as cutting or filling of slopes in the front, back, or side yards must be included below.

IN THE SMA DISTRICT: All proposed earthwork quantities must be included below including that for excavation and fill for building foundations.

Maximum depth of cut or fill (whichever is greater) _____ feet

Quantity of cut or fill (whichever is greater) _____ cubic yards

Total grubbed area (exposed earth with vegetative roots removed) _____ acre/sq. ft.

- ▶ I certify that the information provided above is accurate to the best of my knowledge.
- ▶ I also certify that I will not alter the general drainage pattern with respect to the properties of my neighbors.
- ▶ Graded slopes shall not be steeper than two horizontal to one vertical.
- ▶ If cutting or filling near the property line, I will not disturb the ground any closer than the following distances from the property line*:
unless a retaining wall is immediately constructed.

<u>Height of cut or fill</u>	<u>Minimum Undisturbed Distance from Property Line (in feet)</u>
0 feet to 2 feet	1
+2 feet to 4 feet	2
+4 feet to 6 feet	3
+6 feet to 10 feet	4
+10 feet to 15 feet	5
+15 feet	8

APPLICANT(PRINT NAME)

PHONE NO.

APPLICANT(SIGNATURE)

DATE (mm/dd/yy)