

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)						<small>ALSO COMPLETE PS-FORMS C & E</small>						
MAILING ADDRESS (HOUSE NO. STREET, SUITE NO.)						ARCHITECT OR ENGINEER		LICENSE NO.				
MAILING ADDRESS (CITY & ZIP CODE)						EMAIL ADDRESS		PHONE NO.				
EMAIL ADDRESS						<small>ALSO COMPLETE PS-FORM D FOR BUILDING CONTRACTOR OR OWNER BUILDER</small>						
						CONTRACTOR (COMPANY)		LICENSE NO.				
COMPLETE PS-FORM B IF THE APPLICANT IS NOT THE OWNER OR TO DESIGNATE AN AGENT OWNER OR APPLICANT SIGNATURE						EMAIL ADDRESS		PHONE NO.				
DATE						RME OR AUTHORIZED PERSONNEL (PRINT NAME)						
BL	DLNR	DOE	EL	EM	FD	HD	HHC	ITSC	PARKS	PD	WD	PS-Form A 6/2018