

APPLICATION NO		PS-FORM A-EMERGENCY					BUILDING PERMIT NO	
		EMERGENCY BUILDING PERMIT APPLICATION						
DATE RECEIVED		COUNTY OF MAUI DEVELOPMENT SERVICES ADMINISTRATION 250 SOUTH HIGH STREET, WAILUKU, HAWAII 96793 (808) 270-7250					ISSUED DATE	
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	
OWNER NAME							NUMBER OF NEW DWELLING UNITS	
MAILING ADDRESS							DISTANCE TO PROPERTY LINES & BLDGS	
EMAIL ADDRESS							FRONT	REAR
PHONE NO.							LEFT	RIGHT
							NEAREST BLDG	
LESSEE NAME <small>COMPLETE PS-FORM B IF APPLICANT IS NOT THE OWNER</small>							WASTEWATER SERVICE <small>(CHECK ONE)</small>	
MAILING ADDRESS							COUNTY SEWER	WATER SERVICE <small>(CHECK ONE)</small>
LESSEE EMAIL ADDRESS							PRIVATE SEWER	COUNTY WATER
PHONE NO.							SEPTIC / CESSPOOL	PRIVATE WATER
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							ALSO COMPLETE PS-FORM D FOR BUILDING CONTRACTOR OR OWNER BUILDER	
PHONE NO.							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)	
DISASTER OR CIVIL DEFENSE EMERGENCY:							PS-Form A-EMERGENCY Rev 08/18	

PS-FORM A-EMERGENCY BUILDING PERMIT Part 2

Application for Emergency Permit
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Project Name

Application Number

OWNER ACKNOWLEDGMENT:

- All other State and County agencies that regulate repair or reconstruction of structures shall be responsible for enforcing their regulations independently upon issuance of the building permit.
- All required building, plumbing and electrical inspections shall be conducted.
- Any deferred fees shall be paid prior to final building inspection.
- Permits issued under this section shall not be interpreted to be an approval of any violation of federal, state, or county statutes, ordinances, or rules. The issuance of a permit shall not relieve the applicant and the property owner from complying with any applicable statutes, ordinances, or rules. Structures or portions thereof that were illegally erected or constructed shall not be repaired under this section.
- Anyone submitting false information for the purpose of obtaining a permit shall be served with a notice of violation and order and subject to administrative fines. The issued permit shall become void on the day the violation notice is served and all work authorized by the invalidated permit shall cease immediately.
- Repair of any nonconforming structure shall be subject to the provisions of MCC §19.500.110.
- Other permits or approvals may be required to do the work proposed, and it is the responsibility of the owner and permittee to obtain all appropriate permits and approvals prior to the start of work.

Signature of Owner

Date

CHECK IF APPLICABLE:

ELECTRICAL WORK TO BE DONE

Electrical Contractor License Name

Electrical Contractor License Number

Signature of Licensee or Responsible Managing Employee

Date

Printed Name

E-mail or Phone Number

Signature of Licensed Electrician

Date

Printed Name

Electrician License Number

PLUMBING WORK TO BE DONE

Plumbing Contractor License Name

Plumbing Contractor License Number

Signature of Licensee or Responsible Managing Employee

Date

Printed Name

E-mail or Phone Number

Signature of Licensed Plumber

Date

Printed Name

Plumber License Number