

APPLICATION NO		PS-FORM A-EMERGENCY					BUILDING PERMIT NO			
		EMERGENCY BUILDING PERMIT APPLICATION								
DATE RECEIVED		COUNTY OF MAUI DEVELOPMENT SERVICES ADMINISTRATION 110 ALA'IHI STREET, SUITE 214, KAHULUI, HAWAII 96732 (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	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		
LESSEE PHONE NO.						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.		
MAILING ADDRESS (CITY & ZIP CODE)						ALSO COMPLETE PS-FORM D FOR BUILDING CONTRACTOR OR OWNER BUILDER				
EMAIL ADDRESS						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 07/21			
							APPLICATION NO.			

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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