

| APPLICATION NO  |               | PS-FORM A-EMERGENCY   |                                     |      |     |                                       | BUILDING PERMIT NO                               |                              |  |       |              |
|---|---------------|---|-------------------------------------|------|-----|---------------------------------------|--|------------------------------|--|-------|--------------|
|   |               | <b>EMERGENCY BUILDING PERMIT APPLICATION</b>  |                                     |      |     |                                       |  |                              |  |       |              |
| DATE RECEIVED   |               | COUNTY OF MAUI<br>DEVELOPMENT SERVICES ADMINISTRATION<br>250 SOUTH HIGH STREET, WAILUKU, HAWAII 96793<br>(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<br>Description         |  |       |              |
| ZONING (OPTIONAL)   |               |   | FLOOD ZONE (OPTIONAL)               |      | SMA | REPAIR                                | FENCE/RET. WALL                                  |                              |  |       |              |
| TMK   | COUNTY<br>(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<br><small>(CHECK ONE)</small> |                              | WATER SERVICE<br><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<br>OWNER OR APPLICANT SIGNATURE |               |   |                                     |      |     |                                       | DATE   |                              | ALSO COMPLETE PS-FORM D FOR BUILDING CONTRACTOR OR OWNER BUILDER<br>CONTRACTOR (COMPANY) |       |              |
|   |               |   |                                     |      |     |                                       |  |                              | LICENSE NO.  |       |              |
|   |               |   |                                     |      |     |                                       | EMAIL ADDRESS                                    |                              | PHONE NO.  |       |              |
|   |               |   |                                     |      |     |                                       | 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  
Page 2

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

**PS-FORM B**

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

|                         |                        |
|-------------------------|------------------------|
| <b>Project Name:</b>    | <b>County Use Only</b> |
|                         | APPLICATION NO.        |
| <b>Project Address:</b> | DATE/COMMENT           |
|                         | -----                  |
| <b>Tax Map Key: (2)</b> | -----                  |
|                         | -----                  |

**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**

|   |  |                 |
|---|--|-----------------|
| <b>A</b>  | 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>B</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 |
| <b>C</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. |                 |
|   | 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)

|                         |                              |
|-------------------------|------------------------------|
| <b>Project Name:</b>    | <b>County Use Only</b>       |
|                         | <b>APPLICATION NO.</b>       |
| <b>Project Address:</b> | <b>DATE/COMMENT</b><br>----- |
|                         | -----                        |
| <b>Tax Map Key:</b> (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).**

|  |                 |                 |
|--|-----------------|-----------------|
| <b>A</b> I hereby certify that I am a bona fide contractor in the State of Hawaii and contractor for the subject building permit application.  |                 |                 |
| CONTRACTOR RME ( <i>PRINT NAME</i> )   | SIGNATURE       | DATE (mm/dd/yy) |
| LICENSE NO.  | EMAIL           | PHONE NO.       |
| <b>B</b> <b>OWNER BUILDER DISCLOSURE STATEMENT HRS. SECTION 444-2(7)</b><br><a href="http://cca.hawaii.gov/pvl/hrs/">http://cca.hawaii.gov/pvl/hrs/</a>  |                 |                 |
| <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> |                 |                 |
| OWNER ( <i>PRINT NAME</i> )  | OWNER SIGNATURE | DATE (mm/dd/yy) |

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

|                        |
|------------------------|
| <b>County Use Only</b> |
| APPLICATION NO.        |
| DATE/COMMENT           |

| <b>Submittal, Duties, and Responsibilities of the Design Professional and Special Inspector</b> |   |
|---|---|
| 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. |

| <b>Type of Work Requiring Special Inspections</b>   |                       |          |  |
|---|-----------------------|----------|--|
| 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:                        |

| <b>ARCHITECT OR ENGINEER OF RECORD TO COMPLETE BELOW</b>  |                                 |                 |                                |           |
|---|---------------------------------|-----------------|--------------------------------|-----------|
| 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. |
|   |                                 |                 |                                |           |
|   |                                 |                 |                                |           |
|   |                                 |                 |                                |           |
|   |                                 |                 |                                |           |
| <b>Check box if special inspections are not required</b>  |                                 |                 |                                |           |
| <b>Project Name/Description of Work</b>   |                                 |                 |                                |           |
| PRINT NAME OF ENGINEER OR ARCHITECT OF RECORD   |                                 | LICENSE NO.     | EMAIL ADDRESS                  |           |
| ENGINEER OR ARCHITECT OF RECORD SIGNATURE   |                                 | DATE (mm/dd/yy) | PHONE NO.                      |           |