



COUNTY OF MAUI
DEPARTMENT OF PUBLIC WORKS • DEVELOPMENT SERVICES ADMINISTRATION
250 SOUTH HIGH STREET • WAILUKU, HAWAII 96793
(808) 270-7250 • FAX (808) 270-7972

APPLICATION FOR CERTIFICATE OF OCCUPANCY

I. Certificate of Occupancy Information		Type or Print Legibly		
PROJECT NAME				
BUILDING NAME (COMMERCIAL PROJECTS ONLY)				
BUILDING ADDRESS				
For (check all that apply): <input type="checkbox"/> New Building <input type="checkbox"/> Addition/ Alteration/Re-Model/Repair <input type="checkbox"/> Existing <input type="checkbox"/> Plan Review Waiver Building Permit <input type="checkbox"/> Other <input type="checkbox"/> Miscellaneous Inspections Requested		TO BE OCCUPIED AS *see instructions		
		UNIT #, OR DESCRIPTION OF AREA IN STRUCTURE	FLOOR AREA (SQ FT)	
II. Property Information				
TAX MAP KEY	PROPERTY ADDRESS			
PROPERTY OWNER				
OWNER ADDRESS				
III. Building Permit Information if applicable				
BUILDING PERMIT #	ISSUE DATE	FINAL INSPECTION DATE	CONTRACTOR	APPLICATION #
IV. Plan Review Waiver Building Permit information if applicable				
ARCHITECT/ ENGINEER				
V. Applicant Information				
Select One: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect/ Engineer <input type="checkbox"/> Tenant/ Business Owner <input type="checkbox"/> Other/ Agent				
APPLICANT NAME		PHONE #		
ADDRESS		EMAIL		
VI. Contact Information if other than Applicant				
CONTACT NAME		PHONE #		
CONTACT ADDRESS		EMAIL		
FOR COUNTY USE ONLY:				
Requesting: <input type="checkbox"/> CO <input type="checkbox"/> CO-L Release Ltr Misc Inspections: <input type="checkbox"/> No <input type="checkbox"/> Yes Ltr Authz/ Lease Agmt req'd: <input type="checkbox"/> No <input type="checkbox"/> Yes Replacement: <input type="checkbox"/> No <input type="checkbox"/> Yes, to replace CO # _____ Date Issued _____ Space previously occupied by: _____ ***** Approvals: <input type="checkbox"/> DSA Building <input type="checkbox"/> DSA Civil Construction <input type="checkbox"/> Environmental Mgt <input type="checkbox"/> Health <input type="checkbox"/> DOE <input type="checkbox"/> Water (Check all that apply) <input type="checkbox"/> DSA Electrical <input type="checkbox"/> DSA Plumbing <input type="checkbox"/> Fire <input type="checkbox"/> Housing <input type="checkbox"/> Planning <input type="checkbox"/> Parks *****				
REMARKS: Construction Type _____ Unauthorized Occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____ fine.				
Occupancy Group _____ Temporary to expire : _____,				
Occupant Load _____ _____,				
(Day Care Only)				
		Application Date	Application Number	
		Issue Date	Permit Number	

**INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR CERTIFICATE OF OCCUPANCY**

Type or print legibly. Incomplete applications will not be processed.

I. Certificate of Occupancy Information

Project Name: Name of business. For residential release letter, name of owner on building permit.
Building Name: Name of building when applicable, e.g. Aloha Building. Can be name of shopping mall.
Building Address: Address of building. *For address information, call DSA Engineering at (808) 270-7242.
Check all that apply: Check all criteria that apply to the project.
To Be Occupied As: Enter use as approved on the building permit. If application for certificate of occupancy is by miscellaneous inspection, please consult with the Building Permit Office at (808) 270-7250.
Unit #, or Description: If applicable, enter unit or room number, or describe area within structure to be occupied.
Floor Area: Enter square footage of floor area to be occupied.

II. Property Information

Tax Map Key: Enter the current Tax Map Key (TMK) for the property.
Property Address: County assigned address for the property. *For address information, call (808) 270-7242.
Property Owner: Property owner name as filed with Real Property Tax Division, or submit copy of recorded deed.
Owner's Address: Mailing address of property owner.

III. Permit Information: Complete only if the information on a building permit was issued for this application.

IV. Plan Review Waiver Permit: If applicable, name of architect or engineer who certified the County's plan review waiver building permit.

V. Applicant Information: Select type of applicant, then complete the applicant's information.

VI. Contact Information: Complete contact person's information. All correspondence will be directed to the contact person.

The following agencies may be required to review and approve the application. It is the responsibility of the applicant to follow up with agencies that have not approved. Status of the application can be obtained online at the County of Maui's website (www.co.maui.hi.us → How Do I? → Check Status of Building Permits), or by contacting the Building Permit Office at (808) 270-7250 or building_permits@mauicounty.gov.

(INSP-BLDG)	Building Inspection	dsa.building@mauicounty.gov ,	(808) 270-7375	Fax (808) 270-5520
(INSP-ELEC)	Electrical Inspection	dsa.electrical@mauicounty.gov	(808) 270-7255	Fax (808) 270-5520
(INSP-PLB)	Plumbing Inspection	dsa.plumbing@mauicounty.gov	(808) 270-7368	Fax (808) 270-5520
(EL)	Civil Construction	dsa.engineering@mauicounty.gov	(808) 270-7242	Fax (808) 270-7972
(EM)	Environmental Management	wwordco@mauicounty.gov	(808) 270-7417	Fax (808) 270-7425
(FD)	Fire Department	fpb.inspections@mauicounty.gov	(808) 244-9161	Fax (808) 244-1363
(HD)	State Department of Health	patricia.kitkowski@doh.hawaii.gov		
		Commercial	(808) 984-8230	Fax (808) 984-8237
		Residential	(808) 984-8232	Fax (808) 984-8237
(PD)	Planning Department	planning@mauicounty.gov	(808) 270-7253	Fax (808) 270-7634
(WD)	Department of Water Supply	dws.buildingpermit@mauicounty.gov	(808) 270-7835	Fax (808) 270-7833
(PARKS)	Parks & Recreation	parks.plandev@mauicounty.gov	(808) 270-7931	Fax (808) 270-7934
(HHC)	Housing and Human Concern* (Plan Review Waiver Only)	housing.hhc@mauicounty.gov	(808) 270-6284	Fax (808) 270-7165
(DOE)	Department of Education (Plan Review Waiver Only)	Heidi_meeker@notes.k12.hi.us Robyn_Loudermilk@notes.k12.hi.us	(808) 784-5080	Fax (808) 733-2103

The **CERTIFICATE OF OCCUPANCY APPROVAL REQUEST FORM** shall be emailed or faxed to each agency when requirements have been completed. A separate form shall be submitted to each agency.