

**PS-FORM G**

**HAWAII REVISED STATUTES SECTION 103-50  
COMPLIANCE DISCLOSURE**

<b>Project Name:</b>	<b>County Use Only</b>
	APPLICATION NO.
<b>Project Address:</b>	DATE/COMMENTS
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<b>Tax Map Key: (2)</b>	-----
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1. Is the project being designed, constructed, purchased, or leased with the use of any state or county funds or federal funds administered by the State or County?

Check one      **Yes** [  ]      **No** [  ]

2. Will the project house state or county programs, services, or activities that are intended to be accessed by the general public?

Check one      **Yes** [  ]      **No** [  ]

3. Is the project being constructed on state or county lands or lands that will be transferred to the State or County?

Check one      **Yes** [  ]      **No** [  ]

\_\_\_\_\_  
OWNER/AGENT/DESIGN PROFESSIONAL (PRINT NAME)      ADDRESS      PHONE NO.

\_\_\_\_\_  
OWNER/AGENT/DESIGN PROFESSIONAL (SIGNATURE)      DATE (mm/dd/yy)      EMAIL

Should you have any questions, please contact:  
**Disability and Communication Access Board (DCAB)**  
919 Ala Moana Blvd., Room 101  
Honolulu, Hawaii 96814  
(808) 586-8121 (Voice or TTY)  
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