

APPLICATION NO		PS-FORM A					BUILDING PERMIT NO					
DATE RECEIVED		APPLICATION FOR BUILDING PERMIT					ISSUED DATE					
		COUNTY OF MAUI DEVELOPMENT SERVICES ADMINISTRATION 110 ALA'IHI STREET, SUITE 214, KAHULUI, HAWAII 96732 (808) 270-7250										
APPLICANT: COMPLETE AREA BELOW (ONE APPLICATION PER STRUCTURE)												
NOW OCCUPIED AS			TO BE OCCUPIED AS			NATURE OF WORK (CHECK ALL THAT APPLY)						
ESTIMATED MARKET VALUE OF WORK \$			IBC OCCUPANCY GROUP (OPTIONAL)			NEW BUILDING						
IBC TYPE OF CONSTRUCTION (OPTIONAL)			ZONING (OPTIONAL)			SHELL ONLY						
FLOOD ZONE (OPTIONAL)			SMA			DEMOLITION						
ADDITION			FOUNDATION			TEMPORARY						
ALTERATION			SWIMMING POOL			OTHER Description						
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 (CHECK ONE)					
MAILING ADDRESS							WATER SERVICE (CHECK ONE)					
LESSEE EMAIL ADDRESS							COUNTY SEWER	COUNTY WATER				
PHONE NO.							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					
MAILING ADDRESS (CITY & ZIP CODE)							LICENSE NO.					
EMAIL ADDRESS							PHONE NO.					
PHONE NO.							ALSO COMPLETE PS-FORM D FOR BUILDING CONTRACTOR OR OWNER BUILDER					
							CONTRACTOR (COMPANY)					
							LICENSE NO.					
COMPLETE PS-FORM B IF THE APPLICANT IS NOT THE OWNER OR TO DESIGNATE AN AGENT							EMAIL ADDRESS					
OWNER OR APPLICANT SIGNATURE							PHONE NO.					
DATE							RME OR AUTHORIZED PERSONNEL (PRINT NAME)					
WD	HD	FD	EL	BL	PD	WW	HSG	PARKS	DOE	DLNR	ITSD	PS-Form A 7/21
												APPLICATION NO.

PS-FORM B

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

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT

Tax Map Key: (2)	-----

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**

A	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	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
		DATE (mm/dd/yy)
C	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**

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)

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT

Tax Map Key: (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).**

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

PS-FORM E

SPECIAL INSPECTIONS FORM

2012 International Building Code, Section 1705

County Use Only
APPLICATION NO.
DATE/COMMENT

Submittal, Duties, and Responsibilities of the Design Professional and Special Inspector	
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.

Type of Work Requiring Special Inspections

Detailed clarification of the items listed above can be found in the amended International Building Code, Section 1705

Item No.		Item No.	
1.	Steel Construction	10.	Seismic Resistance
2.	Concrete Construction	11.	Testing & Qualification for Seismic Resistance
3.	Masonry Construction	12.	Sprayed Fire-Resistant Materials
4.	Wood Construction	13.	Mastic and Intumescent Fire-Resistant Coatings
5.	Soils	14.	Exterior Insulation and Finish Systems (EIFS)
6.	Driven Deep Foundations	15.	Fire-Resistant Penetrations and Joints
7.	Cast-In-Place Deep Foundations	16.	Smoke Control
8.	Helical Pile Foundations	17.	Special Cases Describe:
9.	Wind Requirements		

ARCHITECT OR ENGINEER OF RECORD TO COMPLETE BELOW

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.

Check box if special inspections are not required

Project Name/Description of Work			
PRINT NAME OF ENGINEER OR ARCHITECT OF RECORD	LICENSE NO.	EMAIL ADDRESS	
ENGINEER OR ARCHITECT OF RECORD SIGNATURE	DATE (mm/dd/yy)	PHONE NO.	

PS-FORM F

**ACCESSIBILITY STATEMENT
CHAPTER 11
INTERNATIONAL BUILDING CODE**

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT

Tax Map Key: (2)	-----

Buildings or portions of buildings shall be accessible to persons with disabilities in accordance with the following regulations:

1. For construction of buildings or facilities of the State and County Governments, compliance with HRS 103-50, administered by the Disability and Communication Access Board, State of Hawaii.
2. Department of Justice's Americans with Disabilities Act Standards for Accessible Design.
3. Housing and Urban Development recognized "Safe Harbors" for compliance with the Fair Housing Acts design and construction requirements.
4. Other pertinent laws relating with disabilities shall be administrated and enforced by agencies responsible for their enforcement.

I acknowledge that all requirements relating to accessibility for persons with disabilities shall be complied with.

OWNER/AGENT/DESIGN PROFESSIONAL (PRINT NAME)

ADDRESS

PHONE NO.

OWNER/AGENT/DESIGN PROFESSIONAL (SIGNATURE)

DATE (mm/dd/yy)

EMAIL

PS-FORM G

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

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENTS

Tax Map Key: (2)	-----

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)
(808) 586-8129 (Fax)
dcab@doh.hawaii.gov <http://health.hawaii.gov/dcab>

GRADING and GRUBBING PERMIT CHECK

Project Name:	BUILDING PERMIT APPLICATION #
Project Address:	PLAN WAIVER #
Tax Map Key: (2)	<small>The building plans will not be able to be reviewed by DSA- Engineering for permit approval until this form is completed and approved. Please call Civil Construction Section at 270-7242, should you have questions on completion of this form.</small>

Check one

- OUTSIDE OF SMA DISTRICT: The excavation or backfill for the structure need not be considered for this computation if a building permit is issued.** However, earthwork quantities outside of the building limits, such as cutting or filling of slopes in the front, back, or side yards must be included below.

- IN THE SMA DISTRICT: All proposed earthwork quantities must be included below including that for excavation and fill for building foundations.**

Maximum depth of cut or fill (whichever is greater) _____ feet

Quantity of cut or fill (whichever is greater) _____ cubic yards

Total graded area _____ acre/sq. ft.

Total grubbed area (exposed earth with vegetative roots removed) _____ acre/sq. ft.

- ▶ I certify that the information provided above is accurate to the best of my knowledge.
- ▶ I also certify that I will not alter the general drainage pattern with respect to the properties of my neighbors.
- ▶ Graded slopes shall not be steeper than two horizontal to one vertical.
- ▶ If cutting or filling near the property line, I will not disturb the ground any closer than the following distances from the property line*:
**unless a retaining wall is immediately constructed.*

<u>Height of cut or fill</u>	<u>Minimum Undisturbed Distance from Property Line (in feet)</u>
0 feet to 2 feet	1
+2 feet to 4 feet	2
+4 feet to 6 feet	3
+6 feet to 10 feet	4
+10 feet to 15 feet	5
+15 feet	8

 APPLICANT(PRINT NAME)

 PHONE NO.

 APPLICANT(SIGNATURE)

 DATE (mm/dd/yy)