



COUNTY OF MAUI
DEPARTMENT OF PLANNING
2200 MAIN STREET, SUITE 619
WAILUKU, HI 96793
(808) 270-8205
currentdivision@mauicounty.gov

Application for Amendment to Permit Terms, Conditions & Time Stipulations

I. PURPOSE

The purpose of the **Application for Amendment to Permit Terms, Conditions and Time Stipulations** is to provide a means by which applicants can request a specific change to a term, condition and/or time clause of an existing permit.

II. APPLICATION CONTENTS

This application contains the following documents.

1. Application purpose, contents, and general processing procedures (pg 1)
2. *Required Submittals Checklist* (pg 2)
3. *Application for Amendment to Permit Terms, Conditions & Time Stipulation* (pg 3)

III. PROCESSING PROCEDURES

As of March 28, 2022, at 4 pm The County of Maui will no longer accept paper applications. This application and all supporting documents must be submitted to currentdivision@mauicounty.gov

Upon submittal of a completed Application for Amendment to Permit Terms, Conditions & Time Stipulations, the Department of Planning (Department) will review it for completeness. The Department will determine whether an administrative approval by the Planning Director or decision by the appropriate Planning Commission is warranted.

Should a public hearing be required, the application will be transmitted to other agencies for comment. Once the comment period has ended and the responses are adequate, a public hearing will be scheduled with the appropriate Planning Commission to review and act upon the request. At least 30 days prior to the public hearing date, the applicant must mail the Notice of Public Hearing and a location map to surrounding owners and lessees within 500 feet via certified mail. The Department will draft a report on the application and transmit to the Planning Commission. On the date of public hearing, the Planning Commission will review and act upon the application.

REQUIRED SUBMITTALS CHECKLIST

As of March 28, 2022, at 4 pm The County of Maui will no longer accept paper applications. This application and all supporting documents must be submitted to currentdivision@mauicounty.gov

- This application and all required submittals must be attached to one email and submitted together. Incomplete applications may not be accepted or result in a delay in processing.
 - This application and all required submittals must be saved in PDF format. Please follow naming convention provided for each checklist item below.
 - You may choose to sign this application electronically.
 - All permit fees shall be assessed as set forth in the [annual budget ordinance](#). Applicant will be notified when payment is due.
1. A registered user account in **Maui’s Automated Planning & Permitting (MAPPS) Customer Self Service (CSS) portal**. For instructions please visit <https://hi-mauicountymapps.civicplus.com>
 2. Completed ***Required Items Checklist*** (this page, pg 2)
 3. Completed ***Application Form*** (pg 3)
 4. Fully processed [Land Use Designation Form](#), when the proposed amendment would modify the site area subject to development. Start file name with “LandUseDesignationForm”

Note: Additional information may be requested by the Planning Director to assess the application.

Application for Amendment to Permit Terms, Conditions & Time Stipulation

PROPERTY ADDRESS / PROJECT INFORMATION	
Name of Project: <i>(If project name is not provided, applicants name will be used)</i> _____	
Permit Number: _____	Total Lot Area: _____
Tax Map Key No: _____	
Physical Address / Location of Project: _____	
Additional Location Information: _____	

DESCRIPTION OF PROPOSED ACTIVITY OR DEVELOPMENT	
<i>Written description of the proposed action shall include, but not be limited to: use, length, width, height, depth, building material(s), and statement of objectives of the proposed action. <u>Attach additional sheets, if needed:</u></i>	
Describe the Existing Use: _____	

Describe the Proposed Use: _____	
<i>Include a description of all proposed ground altering activities (e.g., area of disturbance, quantity of fill, depth of excavation, etc.).</i> _____	

Valuation*: _____ Building Permit Application No: <i>(if applicable)</i> _____	
<small>*Total cost or fair market value as estimated by an architect, engineer, or contractor licensed by the Department of Commerce and Consumer Affairs, State of Hawaii; or, by the administrator of Department of Public Works, Development Services Administration.</small>	

CONTACT INFORMATION	
APPLICANT INFORMATION	
Applicant's Name(s): _____	CSS Username: _____
Mailing Address: _____	Email: _____
Phone Number(s): bus _____ hm _____ cell _____	Date: _____
Signature(s): _____	Date: _____
CONSULTANT INFORMATION	
Contact Name(s): _____	CSS Username: _____
Mailing Address: _____	Email: _____
Phone Number(s): bus _____ hm _____ cell _____	Date: _____
Signature(s): _____	Date: _____
OWNER INFORMATION	
Owner's Name(s): _____	CSS Username: _____
Mailing Address: _____	Email: _____
Phone Number(s): bus _____ hm _____ cell _____	Date: _____
Signature(s): _____	Date: _____