

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF PLANNING & PERMITTING

650 South King Street, 7th Floor
Honolulu, Hawaii 96813

LAND USE PERMITS DIVISION MASTER APPLICATION FORM

Additional data, drawings/plans, and fee requirements are listed on a separate sheet titled "Instructions for Filing." PLEASE ASK FOR THESE INSTRUCTIONS.

All specified materials described in the "Instructions for Filing" and required fees must accompany this form; incomplete applications will delay processing. You are encouraged to consult with Zoning Division staff in completing the application. Please call the appropriate phone number given in the "Instructions for Filing."

Please print legibly or type the required information.

SUBMITTED FEE: \$ _____

PERMIT/APPROVAL REQUESTED (Check one or more as appropriate):

Cluster: <input type="checkbox"/> Agricultural <input type="checkbox"/> Country <input type="checkbox"/> Housing	<input type="checkbox"/> Modify Approved Permit: _____ (Indicate Reference File No.)	Special Management Area Use Permit: <input type="checkbox"/> Minor <input type="checkbox"/> Major
Conditional Use Permit: <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> Plan Review Use	<input type="checkbox"/> Temporary Use Approval
<input type="checkbox"/> Existing Use: _____ (Indicate Type of Use)	Planned Development: <input type="checkbox"/> Housing <input type="checkbox"/> Commercial (WSD Only) <input type="checkbox"/> Resort (WSD Only)	<input type="checkbox"/> Variance from LUO Section(s): _____
Environmental Document: <input type="checkbox"/> Environmental Impact Statement <input type="checkbox"/> Environmental Assessment <input type="checkbox"/> Supplemental <input type="checkbox"/> Minor Shoreline Structure	<input type="checkbox"/> Shoreline Setback Variance	<input type="checkbox"/> Waiver from LUO Section(s): _____
	Special District Permit: <input type="checkbox"/> Minor <input type="checkbox"/> Major _____ (Indicate District)	<input type="checkbox"/> Zoning Adjustment, LUO Section(s): _____
	<input type="checkbox"/> Downtown Height >350 Feet	<input type="checkbox"/> HRS Section 201H-38 Project

TAX MAP KEY(S): _____

LOT AREA: _____

ZONING DISTRICT(S): _____ STATE LAND USE DISTRICT: _____

STREET ADDRESS/LOCATION OF PROPERTY: _____

RECORDED FEE OWNER:

Name (& title, if any) _____

Mailing Address _____

Phone Number _____

Signature _____

PRESENT USE(S) OF PROPERTY/BUILDING:

PROJECT NAME (if any): _____

APPLICANT:

Name _____

Mailing Address _____

Phone Number _____

Signature _____

AUTHORIZED AGENT/CONTACT PERSON:

Name _____

Mailing Address _____

Phone Number _____

Signature _____

REQUEST/PROPOSAL (Briefly describe the nature of the request, proposed activity or project): _____

POSSE JOB NO. _____