

## SITE DEVELOPMENT DIVISION MASTER APPLICATION FORM

All required documents and fees must accompany this application form. Please visit [www.honoluluapp.org](http://www.honoluluapp.org) for applicable procedures and fees under the menu heading Application & Forms, Site Engineering and Subdivision Permits. Electronic submittal of permit applications and other permit-related documents constitutes agreement by the applicant or authorized representative to transact business electronically with this department, in accordance with HRS Chapter 489E.

<b>I. PERMIT</b>	<b>VARIANCE</b>	<b>APPROVAL</b>
------------------	-----------------	-----------------

**Check one or more as appropriate:**

- |                                      |   |  |  |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Grading     | <input type="checkbox"/> Sewer Connection | <input type="checkbox"/> Flood Hazard Variance | <input type="checkbox"/> Subdivision, Easement Consolidation |
| <input type="checkbox"/> Grubbing    |   | <input type="checkbox"/> Flood Determination   | <input type="checkbox"/> Park Dedication                     |
| <input type="checkbox"/> Stockpiling |   | <input type="checkbox"/> Floodway Permit       | <input type="checkbox"/> Lot Determination                   |
| <input type="checkbox"/> Trenching   |   | <input type="checkbox"/> Flood Map Revision    | <input type="checkbox"/> Ag. Site Development                |

**Complete Sections I, II, III and all other sections as possible**

<b>II. LOT AND LAND USE INFORMATION</b>
---

TAX MAP KEY(S) \_\_\_\_\_ Lot Area: \_\_\_\_\_ sq.ft./ac.

Zoning District: \_\_\_\_\_ Development Plan Designation: \_\_\_\_\_ State Land Use District: \_\_\_\_\_

Street Address/Location of Property: \_\_\_\_\_

Present Use of Property/Building: \_\_\_\_\_

Project Name (if any): \_\_\_\_\_

Request/Proposal (describe the nature of the request, proposed activity or project): \_\_\_\_\_

<b>III. APPLICANT INFORMATION</b>
-----------------------------------

Owner/Developer	Engineer/Architect	Contractor (or Agent for Subdivision apps only)
Name (& title) _____	_____	_____
Mailing Address _____	_____	_____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Number(s) _____	_____	_____
Email Address _____	_____	_____

APPLICANT _____ Print NAME of applicant	_____ Print TITLE of applicant	_____ Signature of applicant
--	-----------------------------------	---------------------------------

<b>IV. FOR GRADING/GRUBBING/STOCKPILING INFORMATION ONLY</b>
--

Estimated Dates: Start: \_\_\_\_\_ Completion: \_\_\_\_\_ Borrow Material: \_\_\_\_\_

Area of work (sf or acres): \_\_\_\_\_ Borrow Site: \_\_\_\_\_

Disturbed area (sf or acres): \_\_\_\_\_ Disposal Material: \_\_\_\_\_

Estimated Quantity (cy): Cut: \_\_\_\_\_ Fill: \_\_\_\_\_ Disposal Site: \_\_\_\_\_

<b>V. AUTHORIZED AGENT</b>
----------------------------

**This statement of authorization is used in reference to the information provided for in sections I, II and III above.**

I/We, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Print NAME and TITLE of person giving authority Print NAME of person receiving authority (Authorized Agent)

to act in my/our behalf in obtaining/closing the Grading/Grubbing/Stockpiling/Trenching permit for the project.

\_\_\_\_\_  
Signature of Owner/Developer giving authority Date

<b>FOR DIVISION USE ONLY:</b>
-------------------------------

Grading Permit No.: _____	Application No.: _____
Trenching Permit No.: _____	Date of Application: _____
	Received By: _____

# SITE DEVELOPMENT DIVISION MASTER APPLICATION FORM

(REVERSE SIDE)

## VI. FOR TRENCHING INFORMATION ONLY

Tax Map Key(s): \_\_\_\_\_

Work to be performed for: \_\_\_\_\_ Work to be done:  Service Connection  Repair  Borings

Estimated Dates: Start: \_\_\_\_\_ Completion: \_\_\_\_\_ Other: \_\_\_\_\_

Estimated Value of work: \$ \_\_\_\_\_ Dimensions: \_\_\_\_\_ ft/in \_\_\_\_\_ ft/in \_\_\_\_\_ ft/in  
length width depth

in the city right - of - way

AGENCY CLEARANCES	SIGNATURE	DATE	ADDRESS	PHONE NO.
DPP, Wastewater Branch			650 So. King St., FMB, 1st Flr.	768-8210
DTS, Traffic Signal			650 So. King St., FMB, 2nd Flr.	768-8388
DDC, Street Lightning			650 So. King St., FMB, 11th Flr.	768-8431
BWS, Customer Care			630 So. Beretania St., 1st Flr.	748-5460
Hawaiian Electric Co., Inc., Construction Installation			820 Ward Avenue, 4th Flr. bryan.yonaha@hawaiianelectric.com	543-5654
Hawaiian Telcom, Excavation			1177 Bishop St., Lobby	546-7746
Gasco., Inc., Maps & Records			515 Kamakee St., 1st Flr.	594-5575
Spectrum, Engineering & Construction			200 Akamainui St. haw.engineering.research@charter.com	625-8443
DFM, Division of Road Maintenance (if trenching 200 linear feet or more)			99-999 Iwaena Street, #214	484-7695

DPP: Dept. of Planning and Permitting DTS: Dept. of Transportation Services DDC: Dept. of Design and Construction BWS: Board of Water Supply DFM: Dept. of Facility Maintenance

**Note to agencies providing clearances:** Signature on this form may be reproduced (scanned and emailed) and submitted electronically for permitting purposes in accordance with HRS Chapter 489E. Original wet Signatures may be retained by the applicant(s).

**Note to the applicants receiving clearances:** The utilities listed above may not represent all underground utilities located within City rights-of-ways, nor do their utility clearances relieve the permittee from complying with all other applicable codes, rules, regulations, and/or permit procedures including, but not limited to, additional clearances and requirements for other utilities (i.e. irrigation, data transmission, etc.) located within City rights-of-ways. Pursuant to ROH 1990, Section 14-17.6, the permittee shall indemnify and save harmless the city for any injuries or damages to any person or property received or sustained by any person as a consequence of any act or acts of the permittee on work done under the trenching permit.

## VII. FOR SEWER CONNECTION INFORMATION ONLY

*To receive a response via e-mail, provide email address below and check box here:*

Residential: No. of Proposed Units \_\_\_\_\_ (Provide breakdown below)

\_\_\_\_\_ Studios \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedrooms \_\_\_\_\_ 3 Bedrooms \_\_\_\_\_ 4 Bedrooms \_\_\_\_\_ Other

Non-Residential: (See attached sewer table for required category and quantity and provide any additional information in the remarks)

CATEGORY(IES)	QUANTITY(IES)	NEW WATER METER SIZE(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Connection: \_\_\_\_\_ (approximate) Connection Work Desired:  Use Existing Lateral  Other

Dimensions: \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ ft.  
length size depth

Existing Structures/Dwellings on Property: (Provide breakdown below)

TYPE (i.e. Single Family)	QUANTITY(IES)	REMAIN	DEMOLISH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: (Provide any additional information on the lines provided) *To receive a response via e-mail, provide email address below and check box here:*

\_\_\_\_\_

\_\_\_\_\_

### FOR DIVISION USE ONLY:

Date of Application: \_\_\_\_\_ Received By: \_\_\_\_\_ Application No.: \_\_\_\_\_