

**CITY AND COUNTY OF HONOLULU
DEPARTMENT OF PLANNING & PERMITTING**
650 South King Street
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):

<p>Cluster: <input type="checkbox"/> Agricultural <input type="checkbox"/> Country <input type="checkbox"/> Housing</p> <p>Conditional Use Permit: <input type="checkbox"/> Minor <input type="checkbox"/> Major</p> <p><input type="checkbox"/> Existing Use: _____ (Indicate Type of Use)</p> <p><input type="checkbox"/> Minor Shoreline Structures Permit</p> <p><input type="checkbox"/> Modify Approved Permit: _____ (Indicate Reference File No.)</p>	<p><input type="checkbox"/> Plan Review Use</p> <p>Planned Development: <input type="checkbox"/> Housing <input type="checkbox"/> Commercial (WSD Only) <input type="checkbox"/> Resort (WSD Only)</p> <p><input type="checkbox"/> Shoreline Setback Variance</p> <p>Special District Permit: <input type="checkbox"/> Minor <input type="checkbox"/> Major _____ (Indicate District)</p> <p><input type="checkbox"/> Downtown Height >350 Feet</p>	<p>Special Management Area Use Permit: <input type="checkbox"/> Minor <input type="checkbox"/> Major</p> <p><input type="checkbox"/> Variance from LUO Sec.(s): _____</p> <p><input type="checkbox"/> Waiver from LUO Sec.(s): _____</p> <p><input type="checkbox"/> Zoning Adjustment, LUO Sec.(s): _____</p> <p><input type="checkbox"/> 201G Project</p>
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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. _____