Revised 07/2010 File No.\_\_\_\_\_



Print name:

## State of Hawaii Office of Planning (OP)

## COASTAL ZONE MANAGEMENT PROGRAM

P. O. Box 2359 Honolulu, Hawaii 96804-2359 (808) 587-2846 FAX (808) 587-2824



## Special Management Area (SMA) Use Application

Additional information, drawings/plans and fees are listed on a separate sheet titled "Instructions for Filing". Please refer to these instructions. All required materials described in the "Instructions for Filing" and required fees must accompany this form; incomplete applications will delay processing.

APPLICANT INFORMATION  Name / Contact  Mailing Address		TYPE OF REQUEST	
		SMA – Major	
Phone No Fax No Email Address  AGENT INFORMATION Name / Contact			
		PARCEL INFORMATION  Tax Map Key:	
	Fax. No		
Email address			
PROJECT INFORMATI	ON:		
_	O1.W		
Proposed Activity:			
Estimated Valuation or Fair N	Market Value of Project:		
NOTE TO APPLICANT			
	fication may be required if the tax map key	y parcel abuts the shoreline.	
2. HCDA Development Per	mit or Approval (as applicable) is required	d prior to acceptance of application.	
	s required prior to acceptance of applicatio 343, HRS) compliance is required prior to		
		cation form and one set of required plans or drawings.	
I hereby acknowledge that I have	read this application and attached information	for the above-referenced project site and state that the information i	
correct. I hereby agree to comply	with all City and County of Honolulu ordinan	nces and state laws regulating development and building construction undersigned for compliance with the SMA Use Approval.	
Signature (Applicant or authorized agent):		Date:	