



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



**Kaka'ako and Kalaeloa Community Development Districts
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 _____

Phone No. _____ Fax No. _____
Email Address _____

TYPE OF REQUEST

SMA – Major
SMA – Minor
Shoreline Setback Variance
Other : _____

AGENT INFORMATION

Name / Contact _____
Mailing Address _____

Phone No. _____ Fax. No. _____
Email address _____

PARCEL INFORMATION

Tax Map Key: _____

Abuts the Shoreline: Y N
Shoreline Certification: Y N

PROJECT INFORMATION:

Recorded Fee Owner: _____
Location: _____

Proposed Activity: _____

Estimated Valuation or Fair Market Value of Project: _____

NOTE TO APPLICANT

- 1. A current shoreline certification may be required if the tax map key parcel abuts the shoreline.
- 2. HCDA Development Permit or Approval (as applicable) is required prior to acceptance of application.
- 3. Landlord authorization is required prior to acceptance of application.
- 4. Environmental (Chapter 343, HRS) compliance is required prior to acceptance of application
- 5. For approval of building permits, submit the building permit application 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 is correct. I hereby agree to comply with all City and County of Honolulu ordinances and state laws regulating development and building construction and authorize OP to inspect the property or construction upon notification of the undersigned for compliance with the SMA Use Approval.

Signature (Applicant or authorized agent): _____ Date: _____
Print name: _____