

## Property Improvement Application

#####

Homeowner Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

LOT # \_\_\_\_\_ UNIT TYPE: \_\_\_\_\_

<b>Improvement Description:</b>

<b>Supporting Documents/Plans Attached::</b>

<b>Estimated Value:</b>	<b>Estimated Start Date:</b>
	<b>Estimated Completion Date:</b>

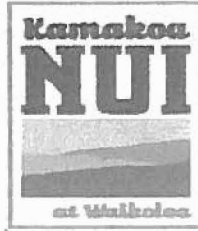
**Neighbor Acknowledgement:** By signing below, I acknowledge that I have been notified by the owners of Lot #\_\_\_\_, that they intend to improve their property per the description above, and supporting documents attached. Should I object to the proposed improvement, I will send a written protest directly to the DRC. Please print Lot #, Last Name, & signature.

1. _____	3. _____
2. _____	4. _____

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FOR DRC USE ONLY

Date Received: \_\_\_\_\_ Date : \_\_\_\_\_



# Property Improvement Application Page 2 – DRC Response

Homeowner Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

LOT # \_\_\_\_\_ UNIT TYPE: \_\_\_\_\_

Date DRC Reviewed: \_\_\_\_\_

DRC Members Present: \_\_\_\_\_

DENIED  APPROVED

APPROVED W/ CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date Inspected upon Completion: \_\_\_\_\_ Built Per Plans: YES NO

DRC Comments: \_\_\_\_\_

\_\_\_\_\_

=====

Correspondence Sent:

Date::	Type/Reason:

COUNTY OF HAWAII  
KAMAKOIA NUI COMMUNITY DESIGN REVIEW COMMITTEE (DRC)  
REQUEST FOR COUNTY CODE RESOLUTION VERIFICATION

Application No.: \_\_\_\_\_  
Revision No.: \_\_\_\_\_  
Date: \_\_\_\_\_

For the Kamakoa Nui Community Development Subdivision all construction on lots shall comply with the DRC Rules and Guidelines adopted by the DRC and shall in all respects comply with all federal, state and local laws, rules and regulations, ordinances including applicable Resolutions, County of Hawaii Planning & Building Codes and Covenants, Conditions and Restrictions (CC&Rs).

1. Applicable County of Hawaii Resolution No.: 328-91, 439-06, 416-07, and 353-14. Copies are available on the County of Hawaii web page under Council records.
2. Applicable County of Hawaii Planning and Buildings Codes.

Bureau of Conveyances (Doc A-48150173), hereinafter CC&R's, sets standards for your buildable area, setbacks, size of unit, building height limits, types of materials, accessory structures, design guidelines, etc. These CC&Rs may be stricter than the County of Hawaii Planning and Building Code.

**INSTRUCTIONS:** Complete Section I and take this form and a copy of your DRC application, plot and design plan to the County of Hawaii Department of Planning, Department of Public Works, Building Division, and the Engineering Division, for their response. Return the completed executed form to the DRC for review and final approval or disapproval.

*To be completed by requestor and reviewed by the following Departments:*

**TO: Kamakoa Nui Design Review Committee**

**Section I.**

Pursuant to the Kamakoa Nui CC&R Article V, a request is hereby made for a proposed alteration of the property, which details are described on the attached Kamakoa Nui Request for Property Improvement form.

Applicant Names (s): \_\_\_\_\_  
TMK of Subject Property: (3) \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**SUPPORTING DOCUMENTATION ATTACHED**

Property Improvement Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Improvements on Plot Plan*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Improvements on Elevation Plan*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specification Sheets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\* Plans must be drawn to scale and dimensioned

**TO: Department of Planning**

**Section II.**

*To be completed by Planning Department:*

**County Code & Resolution Verifications:**

Is the proposed project allowable by the County of Hawaii Zoning Code and/or Resolutions?  Yes  No

**PLANNING Comments:**

PLANNING Review Completed by: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

COUNTY OF HAWAII  
KAMAKOHA NUI COMMUNITY DESIGN REVIEW COMMITTEE (DRC)  
REQUEST FOR COUNTY CODE RESOLUTION VERIFICATION

Application No.: \_\_\_\_\_  
Revision No.: \_\_\_\_\_  
Date: \_\_\_\_\_

**Section III. TO: Department of Public Works, Building Division:**

The applicant is requesting a review of the proposed change or alteration to their premises. Does your review indicate that a building permit is required?

- Yes.     No.

Do the plans meet Building setback requirements?

- Yes.  
 No.

**DPW BUILDING Comments:**

DPW By \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

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**Section IV. TO: Department of Public Works, Engineering Division:**

The applicant is requesting a review of the proposed change or alteration to their premises. Does your review indicate that the proposed improvement is being done within a drainage, electrical, or utility access easement ?

- Yes.     No.

**DPW ENGINEERING Comments:**

DPW Engineering By \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

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COUNTY OF HAWAII  
KAMAKOIA NUI COMMUNITY DESIGN REVIEW COMMITTEE (DRC)  
REQUEST FOR COUNTY CODE RESOLUTION VERIFICATION

Application No.: \_\_\_\_\_  
Revision No.: \_\_\_\_\_  
Date: \_\_\_\_\_

**Section V. TO: Kamakoa Nui Design Review Committee**

Please return this executed form to the Kamakoa Nui DRC with the following documents for final approval by the DRC

- 1) Kamakoa Nui Community Design Review Committee (DRC) Request for Review of Public Records
- 2) Kamakoa Nui Property Improvement Application with plot plan, specification sheet and design & detail of the proposed project.
- 3) One set of building plans
- 4) Copy of approved County of Hawaii building permit (if required)

**KAMAKOIA NUI DRC DETERMINATION**

Does the proposed property improvement satisfy all the requirement identified in the Kamakoa Nui CC&R's?

Yes.    No.

<b>KAMAKOIA NUI DRC Comments:</b>
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- APPROVE**
- APPROVE WITH CONDITIONS**
- DISAPPROVE**

Reviewers Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Signature (s): \_\_\_\_\_

Reviewer Signature (s): \_\_\_\_\_

Reviewer Signature (s): \_\_\_\_\_