

City and County of Honolulu
DEPARTMENT OF PLANNING AND PERMITTING
650 South King Street
Honolulu, Hawaii 96813

PLANNING DIVISION MASTER APPLICATION FORM

Additional data, drawings/plans, and fee requirements are listed on a separate sheet title "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 Planning Division staff in completing the application. Please call appropriate phone number given in the "Instructions for Filing".

Please print legibly or type the required information.

SUBMITTED FEE: \$ N/A

PERMIT/APPROVAL REQUESTED (Check one or more as appropriate):

<input type="checkbox"/> GENERAL PLAN AMENDMENT	<input checked="" type="checkbox"/> SPECIAL USE PERMIT
<input type="checkbox"/> STATE LAND USE BOUNDARY AMENDMENT (<15 acres) From _____ (District) to _____ (District)	<input type="checkbox"/> ZONING DISTRICT BOUNDARY ADJUSTMENT, ADMINISTRATIVE
<input type="checkbox"/> DEVELOPMENT PLAN (DP)/SUSTAINABLE COMMUNITIES PLAN (SCP) AMENDMENT Indicate DP/SCP area _____	<input type="checkbox"/> ZONE CHANGE From _____ (District) to _____ (District) <input type="checkbox"/> AMEND UNILATERAL AGREEMENT TO ORDINANCE NO. _____
<input type="checkbox"/> PUBLIC INFRASTRUCTURE MAP REVISION (Indicate Map Symbol Request): <input type="checkbox"/> CY (Corporation Yard) <input type="checkbox"/> DSP (Desalination Plant) <input type="checkbox"/> D (Drainage Way (Open Channel)) <input type="checkbox"/> FS (Fire Station) <input type="checkbox"/> GB (Government Building) <input type="checkbox"/> GC (Golf Course) <input type="checkbox"/> P (Parks) <input type="checkbox"/> PS (Police Station) <input type="checkbox"/> PKG (Parking Facility/Transit Center) <input type="checkbox"/> RES (Water Reservoir) <input type="checkbox"/> SPS (Sewage Pump Station) <input type="checkbox"/> STP (Sewage Treatment Plant) <input type="checkbox"/> SW (Solid Waste Facility) <input type="checkbox"/> TC (Transit Corridor) <input type="checkbox"/> R (Arterial & Collector Roadway) <input type="checkbox"/> W (Potable Well)	

(Project/Parcel specific information should be provided for General Plan and Development Plan amendments only if appropriate.)

TAX MAP KEY(S): 9-2-3: 072 and 073

STREET ADDRESS/LOCATION OF PROPERTY: 92-460 Farrington Highway, Kapolei, HI 96707

APPLICATION/SUBJECT AREA (Acres/sq.ft.): N/A

THE PROPOSED PROJECT IS LOCATED INSIDE OUTSIDE THE:

- Urban Growth Boundary
- Urban Community Boundary
- Rural Community Boundary

OF THE Ewa DEVELOPMENT PLAN/SUSTAINABLE COMMUNITY PLAN

ZONING DISTRICT(S): AG-2, General Agricultural STATE LAND USE DISTRICT: Agricultural

RECORDED FEE OWNER:

Name (& title, if any) City and County of Honolulu
Organization C/o Dept. of Environmental Services
Mailing Address 1000 Uluohia Street, Suite 308
Kapolei, HI 96707
Phone Number 768-3486

Signature [Signature]
Timothy E. Steinberger, Director
PRESENT USE(S) OF PROPERTY/BUILDING:
Municipal Sanitary Landfill

PROJECT NAME (if any): Waimanalo Gulch Sanitary Landfill

REQUEST/PROPOSAL (Briefly describe the nature of the request, proposed activity or project): Environmental Services

Request for modification of condition 14 of SUP FILE No. 2008/SUP-2. See attached documents.

APPLICANT:

Name City and County of Honolulu
Organization Department of Environmental Services
Mailing Address 1000 Uluohia Street, Suite 308
Kapolei, HI 96707
Phone Number 768-3486

Signature [Signature]
Timothy E. Steinberger, Director
AUTHORIZED AGENT/CONTACT PERSON:
Name Wilma Namumnart
Mailing Address 1000 Uluohia Street, Suite 201
Kapolei, HI 96707

Phone Number 768-3486
Signature [Signature]
Wilma Namumnart, Refuse Division, Dept. of