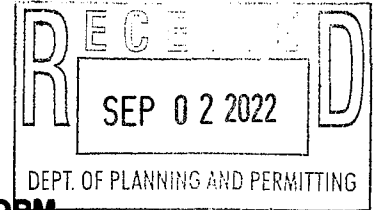


City and County of Honolulu
DEPARTMENT OF PLANNING AND PERMITTING
650 South King Street, 7th Floor
Honolulu, Hawaii 96813



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 checked="" type="checkbox"/> New <input type="checkbox"/> Modify Existing
<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"/> CV (Corporation Yard) <input type="checkbox"/> DSP (Desalination Plant) <input type="checkbox"/> D (Drainage Way (Open Channel)) <input type="checkbox"/> TS (Transit Station) <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"/> RTC (Rapid 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): (1) 9-6-005:011

STREET ADDRESS/LOCATION OF PROPERTY: 94-670 Kamehameha Highway, Waipahu, Hawaii 96797

APPLICATION/SUBJECT AREA (Acres/sq. ft.): Approximately 24 acres

THE PROPOSED PROJECT IS LOCATED INSIDE OUTSIDE THE:

- Urban Growth Boundary
- Urban Community Boundary

- Community Growth Boundary
- Rural Community Boundary

OF THE Central Oahu
ZONING DISTRICT(S): F-1 Federal and Military

DEVELOPMENT PLAN/SUSTAINABLE COMMUNITY PLAN
STATE LAND USE DISTRICT: Agricultural

RECORDED FEE OWNER:

Name (& title, if any) Curt T. Otaguro, Comptroller
 Organization Dept. of Accounting and General Services
 Mailing Address 1151 Punchbowl Street, Room 412
Honolulu, HI 96813
 Phone Number 808-586-0400
 Signature _____

APPLICANT:

Name Christine Kinimaka, Public Works Administrator
 Organization Dept. of Accounting and General Services Public Works Division
 Mailing Address 1151 Punchbowl Street, Room 426
Honolulu, HI 96813
 Phone Number 808-586-0526
 Signature _____

PRESENT USE(S) OF PROPERTY/BUILDING:

Correctional facility

AUTHORIZED AGENT/CONTACT PERSON:

Name Carah Kadota
 Mailing Address SSFM International, Inc.
501 Sumner St., Suite 620, Honolulu, HI 96817
 Phone Number 808-356-1233
 Signature Carah Kadota

PROJECT NAME (if any): Waiawa Correctional Facility

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

The Department of Accounting and General Services is applying for the Special Use Permit to bring the Waiawa Correctional Facility into compliance with State Land Use Laws. There will be no additions or upgrades made to the facility.

DPP/ELOG NO. _____

DPP/POSSE NO. _____