

DEPARTMENT OF PLANNING AND PERMITTING
CITY AND COUNTY OF HONOLULU

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RICK BLANGIARDI
MAYOR



DAWN TAKEUCHI APUNA
DIRECTOR DESIGNATE

JIRO A. SUMADA
DEPUTY DIRECTOR

January 13, 2023

2008/SUP-2 (FK)
2283513

Mr. Roger Babcock, Jr. Ph.D., P.E.
Director
Department of Environmental Services
1000 Uluohia Street, Suite 308
Kapolei, Hawaii 96707

Dear Director Babcock:

SUBJECT: In Reply to Department of Environmental Services (ENV) DIR 22-98,
Application to Modify Special Use Permit (SUP) No. 2008/SUP-2 and
State Land Use Commission Docket, SP09-403

The Department of Planning and Permitting (DPP) is in receipt of the above-referenced application, dated December 22, 2022, detailing the ENV's request to modify the City and County of Honolulu's Planning Commission and the State Land Use Commission's conditions that set a December 31, 2022 deadline for ENV to identify an alternative landfill site on Oahu. According to Section 2-49 of the Rules of the Planning Commission, a petitioner who desires a modification or deletion of a condition imposed by the Commission shall make such a request in writing. This shall be processed in the same manner as the original petition for a SUP.

To that end, please fill out the enclosed Planning Division Master Application form to complete your submittal and return to the DPP, attention to Planning Division. While a formality, it is important to ensure the record for submittal is complete, similar to the requirements for an original SUP Petition.

Should you have any questions, please contact Franz Krintz, of our staff, at (808) 768-8046 or fkrintz@honolulu.gov.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Dawn Takeuchi Apuna".

Dawn Takeuchi Apuna
Director Designate

Enclosure

✓ cc: Brian Lee, Planning Commission Chair

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: \$ _____

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

<input type="checkbox"/> GENERAL PLAN AMENDMENT	<input type="checkbox"/> SPECIAL USE PERMIT ___ New ___ 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"/> CY (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): _____

STREET ADDRESS/LOCATION OF PROPERTY: _____

APPLICATION/SUBJECT AREA (Acres/sq.ft.): _____

THE PROPOSED PROJECT IS LOCATED INSIDE OUTSIDE THE:

- | | |
|---|--|
| <input type="checkbox"/> Urban Growth Boundary | <input type="checkbox"/> Community Growth Boundary |
| <input type="checkbox"/> Urban Community Boundary | <input type="checkbox"/> Rural Community Boundary |

OF THE _____
 ZONING DISTRICT(S): _____

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

RECORDED FEE OWNER:

Name (& title, if any) _____
 Organization _____
 Mailing Address _____

 Phone Number _____
 Signature _____

APPLICANT:

Name _____
 Organization _____
 Mailing Address _____

 Phone Number _____
 Signature _____

PRESENT USE(S) OF PROPERTY/BUILDING:

AUTHORIZED AGENT/CONTACT PERSON:

Name _____
 Mailing Address _____

 Phone Number _____
 Signature _____

PROJECT NAME (If any): _____

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

