

* \$100.00 TRANSFER FEE PER PERMIT

* CASH OR CHECK ONLY

* SUBMIT BEFORE 3:30 PM

For Office Use Only	
Transfer Fee Received/Verified by _____	
Date:	_____
Check#	_____
Amount: \$	_____
<input type="checkbox"/> Ownership <input type="checkbox"/> Contractor	
Transfer Completed on	_____
By	_____

BUILDING PERMIT REQUEST FOR TRANSFER

DATE: _____
TO: County of Hawaii – DPW – Building Division
RE: Building Permit No(s) _____
TMK: _____

Owner/builder transfers are allowed only if the request is made prior to final inspection. Transfers between contractors are allowed for all active permits. Originally approved job site plans should be available at the time of inspection or new plans may be required by the Building Inspector. Additional permit(s) may be required if construction is not per the approved plans.

LEGAL OWNER:

Name: _____(print)
Mailing address: _____
E-mail address: _____
Telephone no: _____
Signature/Date: _____

BUILDER:

OWNER/BUILDER: _____(print)

I declare an exemption under Sec. 444-2(7) for the following reasons: 1) this exemption allows me, as the owner or lessee of the property, to act as my own general contractor without possessing a license; 2) to supervise the contracting myself; 3) to hire licensed subcontractors; 4) the building is for my personal use and not for the use or occupancy by the general public; 5) building will not be built for sale or lease within one (1) year after construction is complete. I hereby acknowledge that the information I have provided is true and correct. I agree to comply with all County and State laws regulating building construction. I fully understand that if I violate any of the provisions of Sec. 444-HRS, I may be subject to civil action; administrative action, including fines; and/or administrative penalties per Sec. 444-22, 23, 35, & 36 HRS.

Signature/Date: _____

OR

CONTRACTOR: _____(print)

License no: _____
Mailing address: _____
E-mail address: _____
Telephone no: _____

RME Signature/Date: _____ (see Hawai`i Revised Statutes Chapter 444)

DESIGN PROFESSIONAL:

I acknowledge the transfer of ownership as designated above and accept continued responsibility of the above stated project.

Signature/Date: _____
_____(print name/license number)

Approved: _____ DATE: _____
Building Division, Department of Public Works

Hawai`i County is an Equal Opportunity Provider and Employer