

DAVID Y. IGE
GOVERNOR OF
HAWAII



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

POST OFFICE BOX 621
HONOLULU, HAWAII 96809

SUZANNE D. CASE
CHAIRPERSON
BOARD OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT

ROBERT K. MASUDA
FIRST DEPUTY

M. KALEO MANUEL
DEPUTY DIRECTOR - WATER

AQUATIC RESOURCES
BOATING AND OCEAN RECREATION
BUREAU OF CONVEYANCES
COMMISSION ON WATER RESOURCE MANAGEMENT
CONSERVATION AND COASTAL LANDS
CONSERVATION AND RESOURCES ENFORCEMENT
ENGINEERING
FORESTRY AND WILDLIFE
HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

HRS 6E Submittal Filing Fees

All submittals must have the appropriate filing fee in accordance with HAR §13-275-4 or HAR §13-284-4.
All contact fields below must be complete and accurate.

Landowner: _____
(if privately-owned historic property on Hawaii Register, HRS §6E-10)

Agency: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Title of Report/Plan: _____

Ahupua'a: _____ District: _____ Island: _____

TMK(s): _____

Contract Firm: _____
(firm who completed the work on behalf of the agency)

Contact Name: _____

Phone: _____ Email: _____

____ Check if Report/Plan is a re-submittal (no fee)
____ Check if Field Inspection Report requested by SHPD (no fee)
____ Check if **Final Report** (no fee)

____ \$0 Archaeological Monitoring Report, no resources reported
____ \$25 Archaeological Monitoring Plan
____ \$25 Burial Disinterment Report
____ \$25 Request from Agency for Determination Letter per HAR §13-275
____ \$50 Archaeological Assessment (AIS with negative findings)
____ \$50 Osteological Analysis Report
____ \$100 Archaeological Monitoring Report, resources reported
____ \$150 Archaeological Inventory Survey Plan, Archaeological Data Recovery Plan, or Preservation Plan
____ \$250 Burial Treatment Plan (BTP)
____ \$450 Archaeological, Architectural, or Ethnographic Survey Report
____ \$450 Archaeological Data Recovery Report
____ Fee Total: Make check payable to "Hawaii Historic Preservation Special Fund"

For Office Use Only:

Date Received:	Payment Method:	
	Cash	Amount \$
Log No.:	Check No.	Amount \$
Receipt Issued:	Money Order	Amount \$