



**State of Hawaii
Department of Land and Natural Resources
Division of Boating and Ocean Recreation**

REQUEST FOR STATE LANDS– APPLICATION FORM

This Application Form is for persons requesting State lands for the following categories:

- Lease
- Month-to-month Revocable Permits
- Easements

Please note the following important points:

- 1) Statutorily, directly negotiated leases and permits can only be issued in certain situations. In nearly all cases, you must compete for the use of State lands through the public auction process. If you are interested in bidding on State leases through the auction process, please contact the DOBOR District staff in your county to obtain further information.
- 2) Persons who have had, during the five years preceding this disposition, a previous sale, lease, license, permit or easement cancelled for failure to satisfy the terms and conditions are not eligible to apply for the current disposition.
- 3) The use of State lands triggers the environmental assessment requirements of Chapter 343, HRS. Please contact the Office of Environmental Quality Control for their opinion of whether an environmental assessment is required and the process to be followed. Phone number: (808) 586-4185. Website: <http://health.hawaii.gov/oeqc/>
- 4) You are responsible for contacting the appropriate agencies to verify that your proposed project has complied with all applicable zoning and permitting laws and regulations (e.g., State Land Use classification, Special Management Area, County General Plan, etc.).
- 5) If you are granted a disposition, you will be required to obtain insurance, among other requirements.

All applications must be complete to be considered for processing.
For questions, call Division of Boating and Ocean Recreation at 808-587-1978.



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
DIVISION OF BOATING AND OCEAN RECREATION
REQUEST FOR STATE LANDS APPLICATION

For DLNR Use Only: Date Received: _____ Received By: _____ Type of Request: _____

I. APPLICANT

Please include all applicable, full legal names and mailing addresses, one for each person/entity (attach additional sheets as necessary). If title is held by a trust, please include the trustee name(s) and full description of the trust (e.g., Jonathan D. Smith, as Trustee of the Jonathan D. Smith Revocable Living Trust dated January 1, 2001).

Applicant Name(s): _____
First and Last Name of Individual(s) or Business Name

Mailing Address: _____
No. and Street

City State Zip Code

Phone Numbers: _____
Work Cellular Fax

Email Address: _____

Applicant intends to hold lease, permit or easement as:

- | | | |
|-------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Husband and Wife | <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other (specify): _____ |

For partnership or corporation, state of incorporation: _____

II. AGENT

If you have an attorney, consultant or other person processing this request for you, please include the following information.

Agent Name: _____
First Name Last Name

Agent Address: _____
Street City State Zip Code

Phone Numbers: _____
Work Cellular Fax

Email Address: _____

III. TYPE OF REQUEST

- Grant of easement (access, utility, seawall, etc.)
- Month-to-month revocable permit
- Lease
- Right-of-Entry Permit (right to temporarily enter onto State lands for a specific purpose)

Is this request being made to resolve an encroachment or other violation? Yes No

If yes, explain:

*If charitable organization, provide the following:

- Articles of Incorporation with all amendments
- Current Bylaws
- Domestic Nonprofit Corporation Annual Report, DCCA Form D-2 (for past three (3) years)
- IRS Determination Letter (Proof of 501(c)3 status)
- Proof of Registration (or Exemption) from Attorney General, Tax and Charities Division
- Organization's Income and Expense Statement (for past three (3) years)
- Organizations Tax Returns (IRS Form 990 for past three (3) years)
- Description of how and to what extent the organization (a) conducts activities in keeping with its mission; and (b) benefits the community and the public at large, beyond benefits to the membership of the organization. Attach additional sheets as necessary.

IV. LOCATION AND AREA

If your request pertains to a specific parcel, please specify below:

Island: Oahu Hawaii Lanai Kauai Maui Molokai

City: _____ TMK: _____

Area: _____ acres/sq. feet (circle one)

County Zoning: _____

State Land Use: Agricultural Rural Conservation
 Urban

Is property located in a Special Management Area?

Yes No Unsure

If requesting a Right-of-Entry Permit, please indicate the days, times, and total square footage needed for each day.

V. USE

Identify the specific uses intended.

- | | |
|----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Easement – Access |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Easement – Utility |
| <input type="checkbox"/> Other (specify):
_____ | <input type="checkbox"/> Easement – Seawall |

VI. ATTACHMENTS

- 1) Attach a location map showing a preliminary sketch of your proposed project in relation to the tax maps.
- 2) Attach a parcel map showing a preliminary sketch of your proposed area with boundaries and dimensions.
- 3) Attach any proposed plans and/or photographs.
- 4) Attach a description of proposed use.
- 5) If business or organization, Department of Commerce and Consumer Affairs certificate of good standing.

VII. CERTIFICATION

I/We hereby certify that the statements and information contained in this application, including all attachments, are true and accurate to the best of my/our knowledge and understand that if any statements are shown to be false or misrepresented, this application may be rejected or my/our permit/lease may be cancelled.

Printed Name

X _____
Signature

Date

Printed Name

X _____
Signature

Date