

# HOAKALEI RESORT CA ARCHITECTURAL REVIEW APPLICATION

*Before completing this application, please review the Architectural Guidelines of your Residing Area in their entirety  
Do not commence work until written approval is obtained.*

## SECTION 1

Last Name		First Name	
Home Phone	Work Phone	EMAIL	
ADDRESS: (Number and Street only) _____		<div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> Ka Makana</div><div><input type="checkbox"/> TH @ Ka Makana</div><div><input type="checkbox"/> Kipuka</div><div><input type="checkbox"/> Kuapapa</div></div>	
UNIT NUMBER: _____ Date of Home Purchase: _____			
<div style="display: flex;"><div style="flex: 1;"><p>Type of Permit (Check One):</p><p>Minor*</p><div style="display: flex; align-items: center;"><input type="checkbox"/> \$40.00</div> Ka Makana, TH @ Ka Makana <div style="display: flex; align-items: center;"><input type="checkbox"/> \$35.00</div> Kipuka, Kuapapa <p>Major*</p><div style="display: flex; align-items: center;"><input type="checkbox"/> \$250.00</div> Ka Makana, TH @ Ka Makana <div style="display: flex; align-items: center;"><input type="checkbox"/> \$200.00</div> Kipuka, Kuapapa</div><div style="flex: 1; border: 1px solid black; padding: 5px; margin-left: 10px;"><p><b>Satellite Dish Installation</b> – No Charge.</p><p><b>Solar Installation</b> – No Charge.</p><p>- Single Family/Paired Home – Utilize this form.</p><p>- Townhome Unit – Contact your associations managing agent to obtain the necessary application/rules.</p><p>-Adjacent owner signature not required</p></div></div> <div style="margin-top: 20px;"><p><i>Additional Charge</i></p><div style="display: flex; align-items: center;"><div style="margin-right: 10px;">\$5.00</div><div>Plot Plan</div></div></div>			

## SECTION 2

<p>List the proposed improvement(s) and include applicable sections of the Architectural Review Guidelines.)</p> <p style="text-align: center;"><b><u>No “wish lists” will be accepted. All applications are required to have appropriate documentation attached e.g., photos, brochures, plans, etc.</u></b></p> <div style="height: 150px; border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 10px;"></div>
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*Continued*

### SECTION 3 (please read this section carefully)

Attach one (1) copy of your homes Plot Plan. It is preferable to superimpose your drawings on your homes plot plan. Your plot plans must be large enough to easily depict your intended improvement. Your plot plans and professionally rendered drawings must include the following: Boundary, location of existing structures, and the modifications, additions or alterations with measurement such as height, width and length of the changes and clearances from the property line. Show any setbacks, easements and materials to be used. All exteriors must be painted to match the existing color scheme. **Send all documents by email [HoakaleiDesign@associahawaii.com](mailto:HoakaleiDesign@associahawaii.com), e-fax 1-888-608-4021 or you may mail to Associa Hawaii, C/O Hoakalei Design 737 Bishop Street, Suite #3100, Honolulu, Hawaii 96813 (If a color photo is required for your design request, please note a fax *may not* be sufficient)**

**Important:** Approval of this application by the Architectural Review Committee is required before any construction is permitted. Failure to obtain approval of construction violates the covenants, conditions and restrictions of the governing documents and can result in removal of non-conforming construction at the owner's expense and/or enforcement action. The owner is responsible for obtaining the required City and County Building Permits in addition to Architectural Review Committee approval. Approval of this application is for aesthetic purposes only and does not in any way indicate any opinion nor ratification of structural quality or soundness of the plan by the Hoakalei Resort CA and related Community Associations, its employees, agents, assignees or the Architectural Review Committee.

**NOTE:** The units that front the golf course has additional requirements for the Architectural Review process please review the Architectural Guidelines for further information.

### SECTION 4 (For Company Use Only)

Application Received Date:	Log Number: _____ Payment: _____
Architectural Review Committee (check one): <input type="checkbox"/> <b>Approved</b> - Subject to the following conditions: _____ <input type="checkbox"/> <b>Disapproved</b> - For the following reason(s): _____	
Sub-Association (check one): <b>Approved</b> - Subject to the following conditions: _____ <b>Disapproved</b> - For the following reason(s): _____	
Signature of Managing Agent: _____ Date: _____	
<hr/> <p style="text-align: center;"><b>All plants used shall be in accordance with the Approved Planting Materials List for your Association.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>	
Signature of ARC Member/Agent: _____ Date: _____	

**QUESTIONS?:** Contact the Hoakalei Design Specialist at 306-0121 or email [HoakaleiDesign@associahawaii.com](mailto:HoakaleiDesign@associahawaii.com)