For office use only:
Date received by
General Manager:

Initials: _____
Rev. 12/06/2022

ASSOCIATION OF APARTMENT OWNERS OF MAKAHA VALLEY TOWERS

Design Review Application for Approval of Modifications

Date submitted: _____ Unit No.: _____
Unit Owner's name(s): _____
Please print clearly
Unit Owner's Contact Information:
Mailing address: _____
Phone: Day _____ Evening_____
E-Mail: _____

IMPORTANT NOTICE

NO ALTERATIONS OR ADDITIONS TO ANY UNIT OR COMMON OR LIMITED COMMON ELEMENT MAY BE MADE UNLESS AN APPLICATION FOR APPROVAL OF MODIFICATIONS IS FIRST SUBMITTED BY THE OWNER AND APPROVED IN WRITING BY THE BOARD OF DIRECTORS. DEPENDING UPON THE PROPOSED MODIFICATIONS, THE BOARD OF DIRECTORS MAY CONDITION ITS APPROVAL ON THE OWNER'S SATISFACTION OF ADDITIONAL REQUIREMENTS.

This application may be submitted to the Board of Directors through the General Manager by delivering the original application to the General Manager at the on-site office.

Failure to obtain prior written Board approval (and owner approval, where applicable) and/or to comply with any terms or conditions established by the Board, or required under the governing documents and/or Condominium Property Act: (1) may result in the owner having to remove the unapproved modifications and to restore the unit or the common or limited common elements to their original condition at the owner's expense, and/or (2) may result in the matter being referred to the Association's attorney for enforcement, in which case the owner will be responsible for attorneys' fees and costs incurred by the Association in connection with the matter.

The cooperation of owners in complying with the Association's design review policies and requirements will help to prevent modifications that may jeopardize the soundness and safety of the project, reduce the value of units, detract from the appearance of the project, or interfere with the use or enjoyment of any part of project.

Owner's Initials: _____

I. DESCRIPTION OF PROPOSED ALTERATIONS AND/OR ADDITIONS

PLEASE LIST EACH ALTERATION OR ADDITION SEPARATELY. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED. (You must list the specific rooms involved and attach a copy of the floor plan. If you are changing flooring, please list the type of flooring that currently exists in your unit and the type of flooring that you are requesting permission to install).

Alteration or Addition #1
Alteration or Addition #2
Alteration or Addition #3
Alteration or Addition #4
Estimated Market Value of Work: $_____

II. PLANS

Submit two clear and legible plans as described below. All sheets to be the same size (8 ½" X 11" minimum) in black ink on white paper.

- **Sheet 1**: Floor plan of your apartment showing the **existing** condition of your apartment (as it now exists), including dimensions of apartment and each room.
- **Sheet 2**: Floor plan of your apartment showing **proposed alterations and additions**, including scope of demolition, location of proposed work and existing conditions to be altered (including graphic and written description).
- Draw plans to scale (1/8" = 1 foot minimum). On Sheet 2, provide sufficient information and details to clearly identify and describe the nature and extent of the work.
- On Sheet 2, indicate the alterations or additions proposed, including dimensions of the rooms and the alterations and additions.
- Provide any other plans, information or documents showing alterations and/or additions.
- The preliminary plans need not be stamped by an architect or structural engineer unless the project is valued at $35,000.00 or greater, in which case the plans shall be stamped and signed by an architect or engineer licensed by the State of Hawaii.

Owner's Initials: _____

III. APPLICATION FEE

Depending upon the scope and nature of the work, an application fee may be required to cover the review of plans and inspection of the work by a design professional. The Association will notify you if an application fee is required.

IV. AREAS OF APARTMENT AFFECTED BY WORK

If any work will be performed on the items described below, or if any of the items described below will be repaired, replaced, improved, added or altered, insert a "✓" or "X" below. If you fail to insert a "✓" or "X", this will be a representation that you will not repair, replace, improve, add or alter the item.

	Kitchen	Bath-room	Entry/ Hallway	Bedrooms		Dressing Area*	Studio	Living Room	Lanai
				1	2				
Hard surface flooring									
Carpeting									
Range									
Vent Hood									
Dish washer									
Disposal									
Other appliances									
Cabinets									
Countertops									
Lighting									
Electrical outlets									
Electrical lines									
Electrical switches									
Other electrical work									
Drywall/sheet rock									
Existing walls									
Ceilings									
Tub/shower									
Sink									
Toilet									
Plumbing work									
Electrical Work									
Painting									
Doors									
Windows									
Phone/cable TV line									

* Studio and one-bedroom units only.

Owner's Initials: _____

Note: Depending upon the nature of the proposed alterations or additions, owners may be required to obtain a building permit issued by the City and County of Honolulu, Department of Planning and Permitting, and/or approvals from other government agencies, and licensed contractor(s) may be required to perform the work. If a building permit is required by the Department of Planning and Permitting, resubmit a copy of the approval plans.

INFORMATION RELATED TO LICENSED CONTRACTORS/DESIGN PROFESSIONAL:

Name of Contractor(s) or Design Professional(s)	License Number	Type of Contractor (e.g., general building, electrical, plumbing, etc.)

ACKNOWLEDGEMENT

I/we understand that I/we am/are **not** authorized to begin any work or to make any modifications until:

a. The **written** approval of the Board of Directors has been obtained; and
b. The applicable conditions imposed by the Board have been **satisfied.**

I/we understand and agree that this Application will be deemed to have been **disapproved** by the Association (including its Board of Directors) in its entirety in the event that the Association or Board has not approved this Application, or otherwise responded to this Application, within 50 days from the date that the Application was received by the Association. In addition, I/we understand and agree that the failure of the Association or Board to disapprove the Application shall under no circumstances constitute, or be construed as, consent by the Association or Board to the proposed additions, alterations or improvements described in the Application.

I/we hereby certify that I/we have read, understand, and agree to comply with the requirements stated above.

Signature(s) of Owner(s): _____ Date: _____

_____ Date: _____

Owner's Initials: _____