

**THE KAHALA BEACH
RENOVATION APPLICATION**

Actual Start Date _____
 Estimated Completion Date _____
 Completion date to avoid fines _____

DATE: _____

UNIT: _____ BUILDING # _____

OWNER'S NAME: _____ Tel: (B) _____
 ADDRESS: _____ Tel: (R) _____
 _____ Fax: _____
 Email: _____

OWNER'S REPRESENTATIVE: _____ Tel: (B) _____
 ADDRESS: _____ Tel: (R) _____
 _____ Fax: _____
 Email: _____

ARCHITECT/DESIGNER _____ Tel: (B) _____
 ADDRESS: _____ Tel: (R) _____
 _____ Fax: _____
 Email: _____

Check all applicable Group(s) and respective work items. Should more than one work Group apply, the required security deposit and review fees shall be based on the more stringent work Group.

- | | | |
|---|--|---|
| <input type="checkbox"/> GROUP A
Major Alterations or
Including Lanai Work | <input type="checkbox"/> GROUP B
Minor Renovations,
No Lanai Work | <input type="checkbox"/> GROUP C
Repairs & Maintenance;
1 for 1, In Kind Replacement |
| <input type="checkbox"/> Interior Remodeling | <input type="checkbox"/> Re-flooring/Refinish | <input type="checkbox"/> Basic Repairs/Maintenance |
| <input type="checkbox"/> Kitchen Remodeling | <input type="checkbox"/> Walls/Ceilings | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Bathroom Remodeling | <input type="checkbox"/> Cabinets/Counters Refurbish | <input type="checkbox"/> Repaint |
| <input type="checkbox"/> Plumbing Lines and/or Fixtures | <input type="checkbox"/> Appliances Upgrade | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Electrical Power and/or Lighting | <input type="checkbox"/> Plumbing Fixture/Upgrades &
Related Plumbing Modifications | <input type="checkbox"/> Ceiling |
| <input type="checkbox"/> Lanai Improv/Doors/Windows | <input type="checkbox"/> Electrical Fixture/Upgrades | <input type="checkbox"/> Appliances |
| <input type="checkbox"/> Exterior Windows/Glass/Glazing | <input type="checkbox"/> AC Replacement | <input type="checkbox"/> Plumbing Fixtures |
| <input type="checkbox"/> AC Addition | | <input type="checkbox"/> Lighting Fixtures |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The Contractor shall retain the services of a State of Hawaii, Department of Health (HDOH) certified Asbestos and Lead Building Inspector to collect samples from the areas that may be disturbed by the renovation work. All samples shall be collected in accordance with HDOH regulations. If asbestos-containing materials or lead paints are identified, all disturbance to these materials shall be completed by a HDOH registered Asbestos and Lead abatement contractor in accordance with HDOH and OSHA regulations.

WORK SUMMARY (Attach separate detailed description)

FOR INTERNAL USE ONLY		
SUBMITTAL NO.:	ACTION TAKEN	REMARKS:
New _____	Approved _____	_____
Re-submittal _____	Disapproved _____	_____
Date Received: _____	Deferred _____	_____
Date Returned: _____	Revise/Re-submit _____	_____

The following summary of the minimum procedural requirements and governing documents for the construction of apartment improvements is provided for guidance only. The Owner shall be responsible to confirm and comply with all applicable codes, regulations and standards.

DOCUMENT REVIEW & COMPLIANCE: (The Kahala Beach references, as dated or current edition)

- Kahala Beach Residents Handbook (01/2020)
- Lanai Waterproofing & Enclosure Guidelines (02/2007)
- Lanai Enclosures, Drainage and Floor Coverings
- Construction Rules

PROCEDURAL REQUIREMENTS:

- Renovation Application
- Security Deposit and Plan Review Fee, where applicable
- Two sets architectural/engineering plans of professional quality and one Electronic PDF File
- Plans shall be prepared and certified by a design professional where required by statute
- Design Review, Approval and Construction Authorization
- Licensed Contractor(s) and Certificates of Insurance (Workman's Compensation and General Liability)
- Building Permit Approval (As required by the C&C of Honolulu)
- Owner's Notice of Completion and/or published as required by statute
- Request for AOA's Final Inspection and Acceptance

SUBMITTAL REQUIREMENTS:

Check all submittal requirements, as applicable to the proposed work group. Indicate NA if the item is deemed "not applicable". Should any of the required plan submittals be lacking, a minimum charge of \$100 will be assessed the applicant for the additional cost of reproduction and administrative fees of the Architect. **All blanks shall be filled. Failure to complete may be cause for application delay or denial.**

Project Data Basic Requirements: (Drawings required for all category A & B work)

- ___ Plans of professional quality but not by an Architect or Engineer (Hardcopy and PDF plans, drawn to scale)
- ___ Plans prepared and /or certified by a registered Architect or Engineer
- ___ Pertinent Plot Plans, Floor Plans, Elevations, Sections or Details
- ___ Product Specification/Manufacturer's Data or as specified on plans
- ___ Finish or Color Selections as visible from common areas

Additional Requirements:

- ___ Approved City & County Building Permit
- ___ Contractor(s) Certificate(s) of Insurance: Naming the Kahala Beach as Additional Insured
- ___ Applicable Security Deposit and Design Review Fees.

Security Deposit payable to The Kahala Beach. As a condition of the return of any security deposit, the Owner or Owner's representative shall submit a letter certifying that all work was completed in accordance with the approved submittal and is in compliance with all applicable codes and regulations. **Final inspection is required for all projects.**

Design Review Fee payable to Wimberly Allison Tong & Goo, Inc. Additional design reviews required due to revisions, inadequate submittals or non-conforming construction shall be subject to additional costs.

	<u>Sec. Deposit</u>	<u>Max. No. of Reviews</u>	<u>Review and Final Inspection Fees</u>
Group A	\$3,000.00	3	\$2000
Group B	\$1,500.00	2	\$1500
Group C	\$ 750.00	by TKB Management	\$0

TIME LIMIT REQUIREMENT:

All work will be completed within 180 calendar days from the commencement of the project. There will be a \$500/week (or \$100/day) fine for all work done after the 180-day period. No new construction will be done on the unit for a 365-day period following the completion of the project.

_____ Initial Here

OWNER'S STATEMENT:

1. As Owner(s) or the Owner's representative, I/we have consulted with the appropriate governmental agencies and certify that a City & County of Honolulu building permit (**Select one**) is _____; **is not** _____ required for this project. Where required, the building permit shall be obtained using plans approved by the Kahala Beach with evidence or building permit to be submitted to Management.
2. Owner(s) and their Agents or Representatives, including Design Professionals or Contractors, agree to comply with all applicable codes and regulations governing the design and construction of improvements at The Kahala Beach. The AOA's design review and/or approval inspection shall not relieve the Owner(s) of this responsibility.

_____	_____	_____
Owner's Name	Signature	Date

_____	_____	_____
Owner's Name or Representative	Signature	Date

CONTRACTOR INFORMATION:

GENERAL CONTRACTOR/BUILDER: _____ Tel: _____

POINT OF CONTACT: _____ Tel: _____

MAILING ADDRESS: _____

License No. /Exp. Date: _____ / _____
Tel. /Fax Nos.: _____ / _____

___ Submitted Certificate(s) of Insurance:
___ Workman's Comp. Exp. Date: _____
___ General Liability Exp. Date: _____

MECHANICAL: _____ **PLUMBING:** _____

License No. /Exp. Date: _____ / _____	License No. /Exp. Date: _____ / _____
Tel. /Fax Nos.: _____ / _____	Tel. /Fax Nos.: _____ / _____

___ Submitted Certificate(s) of Insurance:	___ Submitted Certificate(s) of Insurance:
___ Workman's Comp. Exp. Date: _____	___ Workman's Comp. Exp. Date: _____
___ General Liability Exp. Date: _____	___ General Liability Exp. Date: _____

ELECTRICAL: _____ **OTHER:** _____

License No. /Exp. Date: _____ / _____	License No. /Exp. Date: _____ / _____
Tel. /Fax Nos.: _____ / _____	Tel. /Fax Nos.: _____ / _____

___ Submitted Certificate(s) of Insurance:	___ Submitted Certificate(s) of Insurance:
___ Workman's Comp. Exp. Date: _____	___ Workman's Comp. Exp. Date: _____
___ General Liability Exp. Date: _____	___ General Liability Exp. Date: _____