### REQUEST FOR STATE LANDS APPLICATION FORM

For DLNR use only:
Date of request:
Date request recvd:
Date request no. issued
Request number
Land Code:
Unit Code:
Status:
Type of Request:
Assigned Land Agent:

Should a land disposition result from your application, the following information will be used in the preparation of the legal documents. Therefore, please include <u>all</u> applicable, full legal names and addresses, one for each person/entity (attach additional sheets as necessary). If title is held by a trust, please include the trustee(s) name(s) and full description of the trust (e.g., George D. Smith, Trustee of the George D. Smith Revocable Living Trust dated June 1, 2001).

Applicant name(s):	I Ola Wailuanui, I	nc	
	Last name	First N	lame
Mailing adduses	5695 Ohala Daad		
Mailing address:	5685 Ohelo Road No. and Street		
	ino, and Street		
	Kapaa	HI	96746
	City	State	Zip Code
Phone numbers:	808 652-4279	808 652-4279	808 652-4279
	Work	Home	Cellular
	( )	( )	pua@hawaii.edu
	Pager	Fax	E-mail address
Signature:	Jerese	Date	4/17/2023
Applicant intends to ( ) Individual ( ) Husband and Wi Partnership ( ) Trust ( ) Joint Venture ( ) Other (specify):	( ) Corporati fe ( ) Limited I ( X ) Non-Pr	ion Liability Corporat ofit Corporation Liability Partnersh	( ) Association
	band and wife, type of ty () Tenants in Co		t Tenants () Tenants by
For individual, marit ( ) Single ( ) W	al status: /idow/widower ( ) M	larried – spouse o	f:
For partnership or co	rporation, state of inco	orporation: Hawa	ii

### II. AGENT

	Agent name:	Tico		Teresa	a
	-	Last name		First 1	Name
	Agent address:	P.O. Box 220	)		
-	-	No. and Stree	t		
		Hanalei	HI		96714
		City	State		Zip Code
	Phone numbers:	808-639-9086	0		808-639-9080
		Work		Home	Cellular
	Email:	haenagirl@gn	nail.com		
	Pager N/A	Fax	N/A		
Valid	() Grant of easemed () Month-to-month	nt (access, utility revocable perm emosynary organs, etc.) nant confirmation of a	y, seawall, e it nizations, po Land Comn	tc.) ublic utilitie nission Awa	
IV.	LOCATION AND A If your request perta		parcel, pleas	se specify b	elow.
	<u>Island</u> :	( ) Oahu ( ) Hawaii	•	) Kauai Maui	( ) Molokai
	Town:	Wailua		Γ	<u>Гах Мар Кеу: (4)4-1-003-005</u>
	Area:	14.83		acres	

	Count	y Zoning: Open
	State I	Land Use: ( ) Agricultural ( ) Rural ( ) Conservation ( X ) Urban
	Is pro	perty located in a Special Management Area?  ( X ) Yes ( ) No
V.	( ) As ( ) Bs ( ) In ( ) Pa	fy the specific uses intended. griculture ( ) Easement - Access usiness/Commercial ( ) Easement - Utility dustrial ( ) Easement - Seawall asture Other (specify):maintenance and beautification of the property
	A.	Fully describe your proposed use of the public lands:
		We intend to steward the property for future generations, maintain and landscape
		it with endemic and food producing plants and trees such as coconut, banana,
		'awa, and etc.
	В.	Attach a location map showing a preliminary sketch or plot plan of your proposed project in relation to the tax maps.
	C.	Describe any improvements you intend to place on the land and their approximate
		value:
		We intend to maintain the vegetation currently in place and beautify the
		remaining parcel with endemic plants such as naupaka and food producing plants
		and trees such as banana, coconut, etc. Value: approx. \$1,000.00
	D.	If constructing improvements, attach a Plan of Development showing improvements to be constructed and their location on the public lands including a timeframe for construction.
	E.	Is it your opinion that an environmental assessment is required?  ( ) Yes (X) No
		If no, identify exemption: No improvements will be constructed.
		If yes, describe completion of EA:

LD-01 (rev. 12/02/08)

F. Describe what other permits or approvals are required for this use and whether you have obtained such permits or approvals:

We are informed and believe no permits or other approvals are required for beautification and maintenance of the

property.

G. If you intend to do a project, please provide a Scope of Work (SOW) document as an attachment to your application. Also attach any relevant diagrams or photos. Photos may be printed on office paper.

### VI. OTHER

- A. If you are applying for a revocable permit for any type of use, you are required to provide the following information:
  - 1) Describe your qualifications and experience in running this type of operation; and
  - 2) Describe your long-term intentions for this operation. (Note: Revocable permits are temporary and may be revoked at any time.)
- B. If you are applying for a revocable permit for pasture or agricultural use, you are required to complete Attachment A.

### 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 lease/permit/agreement may be cancelled.

Teresa Tico, Attorney for I Ola Wailuanui, Inc.

Date: Lihue, Hawaii, April 17, 2023.

For DLNR Use Only:	TO CLOSE FUTURE TENANT:
Reason for closing:	
Approved by DLA:	
Date request closed:	

## REQUEST FOR STATE LANDS APPLICATION FORM

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Land Code:
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**Future** 

Status:

Type of Request:
Assigned Land Agent:

Should a land disposition result from your application, the following information will be used in the preparation of the legal documents. Therefore, please include <u>all</u> applicable, full legal names and addresses, one for each person/entity (attach additional sheets as necessary). If title is held by a trust, please include the trustee(s) name(s) and full description of the trust (e.g., George D. Smith, Trustee of the George D. Smith Revocable Living Trust dated June 1, 2001).

Applicant name(s):	I Ola Wailuanui,	Inc	
	Last name	First Na	ame
Mailing address:	5685 Ohelo Roa No. and Street	d	
	Kapaa	HI	96746
	City	State	Zip Code
Phone numbers:	808 652-4279	808 652-4279	808 652-4279
	Work	Home	Cellular
	() Pager	Fax	pua@hawaii.edu E-mail address
Signature:	Teres	Tico Date:	4/13/2023
Applicant intends to la ( ) Individual ( ) Husband and With Partnership ( ) Trust ( ) Joint Venture ( ) Other (specify):	( ) Corpora fe ( ) Limited ( X ) Non-I	ation   Liability Corporation   Liability Partnershi	( ) Association
For individual or hus ( ) Tenant in Several the Entirety			Tenants ( ) Tenants by
For individual, marita ( ) Single ( ) W		Married – spouse of	<u>:</u>
For partnership or co	rporation, state of inc	corporation: Hawai	i

### II. AGENT

	Agent name:	Tico Last name			
	Agent address:	P.O. Box 220			
	_	No. and Street			
		<u>Hanalei</u> City	HI State	96714 Zip Code	
	Phone numbers:	808-639-9080	State	808-639-9080	
	i none numbers.	Work	Hom		
	Email:	haenagirl@gmail	.com		
	Pager N/	A Fax N/	A		
	( ) Grant of easer ( ) Month-to-mon (X) Direct lease ( energy product ( ) Purchase of re ( ) Land patent in ( ) Land license	ment (access, utility, so nth revocable permit eleemosynary organiza cers, etc.) emnant n confirmation of a Lan ng made to resolve an	eawall, etc.) ations, public utili ad Commission A		
IV.	LOCATION AND If your request pe	DAREA rtains to a specific par	cel, please specify	y below.	
	<u>Island</u> :	( ) Oahu ( ) Hawaii	(X) Kauai () Maui	( ) Molokai	
	<u>Town</u> :	<u>Wailua</u>		Tax Map Key: (4)4-1-003-017	
	Area:	.842 acres			

	Count	y Zoning: Open
	State I	Land Use: ( ) Agricultural ( ) Rural ( ) Conservation ( X ) Urban
	<u>Is pro</u>	coerty located in a Special Management Area?  ( X ) Yes ( ) No
V.	( ) Ag ( ) Bu ( ) In ( ) Pa	fy the specific uses intended.  griculture ( ) Easement - Access usiness/Commercial ( ) Easement - Utility dustrial ( ) Easement - Seawall usture Other (specify): beautification and maintenance of the property
	A.	Fully describe your proposed use of the public lands:
		We intend to maintain the property and landscape it with endemic and food producing plants and trees such as coconut, banana, 'awa, and 'ulu, in order to honor, restore, and maintain the historical, traditional and customary uses of this aina.
	В.	Attach a location map showing a preliminary sketch or plot plan of your proposed project in relation to the tax maps.
	C.	Describe any improvements you intend to place on the land and their approximate value:  We intend to maintain the vegetation currently in place and beautify the
		remaining parcel with endemic plants such as naupaka and food producing plants and trees such as banana, coconut, etc. Value: approx. \$1,000.00
	D.	If constructing improvements, attach a Plan of Development showing improvements to be constructed and their location on the public lands including a timeframe for construction.
	E.	Is it your opinion that an environmental assessment is required?  ( ) Yes (X) No
		If no, identify exemption: No improvements will be constructed.

If yes, describe completion of EA:

F. Describe what other permits or approvals are required for this use and whether you have obtained such permits or approvals:

We are informed and believe no permits or other approvals are required for beautification and maintenance of the property.

G. If you intend to do a project, please provide a Scope of Work (SOW) document as an attachment to your application. Also attach any relevant diagrams or photos. Photos may be printed on office paper.

#### VI. OTHER

- A. If you are applying for a revocable permit for any type of use, you are required to provide the following information:
  - 1) Describe your qualifications and experience in running this type of operation; and
  - 2) Describe your long-term intentions for this operation. (Note: Revocable permits are temporary and may be revoked at any time.)
- B. If you are applying for a revocable permit for pasture or agricultural use, you are required to complete Attachment A.

### VII. <u>CERTIFICATION</u>

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 lease/permit/agreement may be cancelled.

Teresa Tico, Attorney for Applicant	X leaves Vico
Printed Name	Signature
	April 13, 2023
	Date

For DLNR Use Only:	TO CLOSE FUTURE TENANT:	
Reason for closing:		
Approved by DLA:		
Date request closed:		

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Type of Request: Assigned Land Agent:

**Future** 

Page 1 of 7

Should a land disposition result from your application, the following information will be used in the preparation of the legal documents. Therefore, please include <u>all</u> applicable, full legal names and addresses, one for each person/entity (attach additional sheets as necessary). If title is held by a trust, please include the trustee(s) name(s) and full description of the trust (e.g., George D. Smith, Trustee of the George D. Smith Revocable Living Trust dated June 1, 2001).

Applicant name(s):	I Ola Wailuanui, In	ıc	
	Last name	First N	ame
Mailing address:	5685 Ohelo Road No. and Street	55-1100 - 455	
	Kapaa	HI	<u>96746</u>
	City	State	Zip Code
Phone numbers:	808 652-4279	808 652-4279	808 652-4279
	Work	Home	Cellular
	()	( )	pua@hawaii.edu_
	Pager	Fax	E-mail address
Signature:	Terese	Li - Date	413/2023
Applicant intends to l ( ) Individual ( ) Husband and With Partnership	( ) Corporation	on iability Corporat	( ) Partnership ion ( ) Limited
<ul><li>( ) Trust</li><li>( ) Joint Venture</li><li>( ) Other (specify):</li></ul>	` ,	ofit Corporation iability Partnersh	* *
	band and wife, type of ty () Tenants in Co	-	t Tenants ( ) Tenants by
For individual, marita ( ) Single ( ) W	al status: idow/widower ( ) M	arried – spouse o	f:
For partnership or co	rporation, state of incor	rporation: Hawa	iii

### II. AGENT

	Agent name:	Tico	Tico Teresa		
		Last name	First Nam	ne	
	Agent address:	P.O. Box 220			
		No. and Street			
		<u>Hanalei</u> City	HI State	96714 Zip Code	
		·	State	•	
	Phone numbers:	808-639-9080 Work	Home	808-639-9080 Cellular	
	Email:				
	Email:	<u>haenagirl@gmail.c</u>	<u>om</u>		
	Pager N/A	A Fax N/A			
III.	( ) Grant of easen ( ) Month-to-mon (X) Direct lease (easergy produc ( ) Purchase of re ( ) Land patent in ( ) Land license	(right to temporarily entent (access, utility, sea ath revocable permit eleemosynary organizations, etc.) mnant confirmation of a Land	wall, etc.) ions, public utilities, go	overnment, renewable	
IV.	LOCATION AND If your request per Island:	O AREA rtains to a specific parce ( ) Oahu ( ) Hawaii	el, please specify belov (X) Kauai () Maui	v. ()Molokai	
	<u>Town</u> :	Wailua	Tax	Map Key: (4)4-1-003-044	
	Area:	.4 acres			

	Count	y Zoning. Open
	State I	Land Use: ( ) Agricultural ( ) Rural ( ) Conservation ( X ) Urban
	Is pro	perty located in a Special Management Area?  ( X ) Yes ( ) No
V.	( ) As ( ) Bo ( ) In ( ) Pa	fy the specific uses intended. griculture ( ) Easement - Access usiness/Commercial ( ) Easement - Utility dustrial ( ) Easement - Seawall asture Other (specify): beautification and maintenance of the property
	A.	Fully describe your proposed use of the public lands:
		We intend to maintain the property and landscape it with endemic and food
		producing plants and trees such as coconut, banana, 'awa, and 'ulu, in order to
		honor, restore, and maintain the historical, traditional and customary uses of this
		aina.
	B.	Attach a location map showing a preliminary sketch or plot plan of your proposed project in relation to the tax maps.
	C.	Describe any improvements you intend to place on the land and their approximate
		value:
		We intend to maintain the vegetation currently in place and beautify the
		remaining parcel with endemic plants such as naupaka and food producing plants
		and trees such as banana, coconut, etc. Value: approx. \$500.00
	D.	If constructing improvements, attach a Plan of Development showing improvements to be constructed and their location on the public lands including a timeframe for construction.
	E.	Is it your opinion that an environmental assessment is required?  ( ) Yes (X) No
		If no, identify exemption: No improvements will be constructed.

If yes, describe completion of EA:

F. Describe what other permits or approvals are required for this use and whether you have obtained such permits or approvals:

We are informed and believe no permits or other approvals are required for beautification and maintenance of the property.

G. If you intend to do a project, please provide a Scope of Work (SOW) document as an attachment to your application. Also attach any relevant diagrams or photos. Photos may be printed on office paper.

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### VII. CERTIFICATION

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Teresa Tico, Attorney for Applicant	X Teacer Line
Printed Name	Signature
	April 13, 2023
	Date

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Reason for closing:		
Approved by DLA:		
Date request closed:		

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Applicant name(s):	s): I Ola Wailuanui, Inc			
	Last name	First N	ame	
Mailing address:	5685 Ohelo Roa No. and Street	d		
	No. and Street			
	Kapaa	HI	96746	
	City	State	Zip Code	
Phone numbers:	808 652-4279	808 652-4279	808 652-4279	
	Work	Home	Cellular	
	( )	( )	pua@hawaii.edu	
	Pager	Fax	E-mail address	
Signature:	Teacu	C Date	4/13/2023	
Applicant intends to	hold title as:			
( ) Individual	( ) Corpora		( ) Partnership	
() Husband and Wi Partnership	fe ( ) Limited	Liability Corporati	on () Limited	
( ) Trust	(X) Non-P	rofit Corporation	( ) Association	
( ) Joint Venture	( ) Limited	Liability Partnersh	ip	
( ) Other (specify):				
For individual or hus	sband and wife, type of	of tenancy:		
() Tenant in Severalty () Tenants in Common () Joint Tenants () Tenants by				
the Entirety				
For individual, marital status:				
( ) Single ( ) Widow/widower ( ) Married – spouse of:				
For partnership or corporation, state of incorporation: Hawaii				

### II. AGENT

	Agent name:	Tico	Te	eresa	
		Last name	F	irst Name	
	Agent address:	P.O. Box 220			
	F [ ] [ ]	No. and Street			
		Hanalei	НІ		96714
		City	State		Zip Code
	Phone numbers:	808-639-9080	)		808-639-9080
		Work	Но	me	Cellular
	Email:	haenagirl@gm	nail.com		
	Pager N/A	Fax	N/A		
	( ) Right-of-entry (1 ( ) Grant of easeme ( ) Month-to-month (X) Direct lease (ele- energy producer ( ) Purchase of rem ( ) Land patent in c ( ) Land license Is this request being ( ) Yes ( X ) No	nt (access, utility a revocable permitemosynary organis, etc.) nant onfirmation of a	r, seawall, etc.) it nizations, public uti Land Commission	ilities, governn Award	nent, renewable
	If yes, explain:				
IV.		LOCATION AND AREA If your request pertains to a specific parcel, please specify below.			
	<u>Island</u> :	( ) Oahu ( ) Hawaii	(X) Kau () Maui	ai (	) Molokai
	<u>Town</u> :	Wailua		Tax Map K	(ey: (4)4-1-005-017
	Area:	.12 acres	THE PERSON NAMED IN		

	Coun	ty Zoning: Open				
	State	Land Use: ( ) Agricultural ( ) Rural ( ) Conservation ( X ) Urban				
	Is pro	perty located in a Special Management Area?  ( X ) Yes ( ) No				
V.	( ) A ( ) B ( ) Ir ( ) P	fy the specific uses intended.  griculture ( ) Easement - Access usiness/Commercial ( ) Easement - Utility industrial ( ) Easement - Seawall asture  Other (specify): beautification and maintenance of the property				
	A.	Fully describe your proposed use of the public lands:				
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	B.	Attach a location map showing a preliminary sketch or plot plan of your proposed project in relation to the tax maps.				
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		value:				
		We intend to maintain the vegetation currently in place and beautify the				
		remaining parcel with endemic plants such as naupaka and food producing plants				
		and trees such as banana, coconut, etc. Value: approx. \$500.00				
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	E.	Is it your opinion that an environmental assessment is required?  ( ) Yes (X) No				
		If no, identify exemption: No improvements will be constructed.				

If yes, describe completion of EA:

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- B. If you are applying for a revocable permit for pasture or agricultural use, you are required to complete Attachment A.

#### VII. CERTIFICATION

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Teresa Tico, Attorney for Applicant	XTeneca	اذره
Printed Name	Signature	
	April 13, 2023	· · · · · · · · · · · · · · · · · · ·
	Date	

For DLNR Use Only:	TO CLOSE FUTURE TENANT:
Reason for closing:	
Approved by DLA:  Date request closed:	