



**UNIVERSITY OF HAWAII
HAWAII COMMUNITY COLLEGE
APPLICATION FOR FACILITIES USE**

Organization: _____
Address: _____

Requestor: _____
Contact Person: _____
Telephone: _____
E-Mail: _____
Activity / Event Purpose/Description: _____

Facility Requested: _____
Alternate Facility: _____
Date(s) Requested: _____
Time From / To (includes set up / clean up): _____
Estimated Attendance: _____

Request: _____
Activity/Event Will be Open To: _____

Organization Members Only	University/College Community
General Public	By Invitation Only

Organization Type:
 Registered Independent Student Organization (RISO), HawCC
 HawCC Registered Independent Organization (RIO)
 HawCC Office, Program, Department, Division, Unit
 HawCC Faculty, Staff, Students
 Other University Affiliated (specify): _____
 Non-University Affiliated (specify): _____

Name of RISO Advisor/Person in Charge to be Present at Activity/Event: _____

Will there be:	No Solicitations	Fundraising	Admission Charge	Donations Accepted
Will a tent be used?	No	Yes	Permit for Temporary Structure Required – See Attachment 1 Hawaii Fire Department Tent/Fair/Market Permit May be Required	
Will food be served?	No	Yes	Temporary Food Establishment Permit May be Required See Attachment 2	

I have read the accompanying conditions for use and understand the College reserves the right to change the facility/room assignment and to withdraw the privilege of using the premises if conditions for use are not observed.

Organization Approving Authority Name: _____ **Title:** _____
Signature: _____ **Date:** _____

POM Received: _____ I <7 K < 5 Xa]b'GYfj jWg' CZW'F YW]j YX.' _____

Approved by: _____ Date: _____
 Denied by: _____ Date: _____

Remarks: _____

Copy to Vice Chancellor for Administrative Affairs: _____

Charges:	General Room / Classroom:		Set Up Only:		Set Up/Breakdown/Clean Up:	
	Video Projector:		Breakdown Only:		College Provided Security:	
	Video Conferencing:		Clean Up:		TOTAL:	

APPENDIX A – FACILITIES USE FEES

Many of Hawaii CC's facilities (e.g. classrooms, meeting rooms, outdoor courtyards, parking lot) are available for use by the college campus and the greater community. The rental fees and extraordinary charges below are typically assessed to users without an affiliation to the University of Hawaii.

General Room / Classroom:

Classroom(s) per room: \$25 per hour
Video Conferencing room: \$50 per hour
Cafeteria Dining Room: \$250 per hour
Courtyard: \$50 per hour (4 hour minimum)
Pavilion: \$50 per hour (4 hour minimum)
Parking lot by section: \$100 to \$300 per day

Services:

Event Coordinator: \$40 per hour (3 hour minimum)
Custodial Services: \$40 per hour (3 hour minimum)
Security Services: \$40 per hour (3 hour minimum)
WiFi Connection: \$25 per hour
Set up / break down / clean up: \$50 per hour per person

NOTE: Computer and/or specialty equipment should be provided by the user's organization.

Equipment Charge:

Video Projector: \$25.00 flat rate including set up.
Video Conferencing (Polycom): Not available for rental after the regular work day or on weekends

COUNTY OF HAWAII, DEPARTMENT OF PUBLIC WORKS
BUILDING DIVISION

PERMIT NO. _____

PERMIT FOR TEMPORARY STRUCTURE

PART 1 – APPLICANT INFORMATION

Z	S	PL	PAR	LOT

LOCATION: _____

EVENT: _____

DATE(S) OF EVENT: _____

APPLICANT: _____

PHONE: _____

MAILING ADDRESS: _____

NO. OF STRUCTURES (provide dimensions & site plan location): _____

In applying for this permit, applicant acknowledges that information provided is true and correct and agrees to comply with all conditions as set forth below. Failure to comply will result in termination of this permit and applicant may be subject to fines under the Hawaii County Code.

PART 2 – REQUIREMENTS / EFFECTIVE DATES

- 1) Temporary structure(s) shall be a minimum of 10 feet from side & rear property lines.
- 2) Temporary structure(s), including bracing and supports, shall not extend beyond property lines unless approved in writing by the adjacent property owner.
- 3) No part of temporary structure(s) shall extend into public street right-of-way unless road closure permit has been issued.
- 4) Temporary structure(s), shall be properly anchored to withstand normal tradewinds.
- 5) Enclosed areas shall be properly ventilated and enclosed areas exceeding 750 square feet shall have a minimum of two exits. Exit widths shall conform to UBC requirements and exit signs shall be posted when exit locations are not obvious.
- 6) Electrical and plumbing permits are required prior to commencing any such work for temporary structure(s).
- 7) Temporary structure(s) shall be constructed of material designed to last beyond the life of the permit. Membrane or tent-type material used for assembly occupancies (more than 50 people or 750 sq. ft.) shall be non-flammable rated or non-combustible treated.
- 8) Applicant assumes responsibility for providing reasonable accommodations for people with disabilities.
- 9) Supervising Building Inspector Tod Tanimoto shall be notified when construction begins. Call 961-8477.
- 10) Whenever a threat of any natural disaster (high winds, tsunamis, etc.) is imminent the permittee shall be responsible for immediate removal or demolishing of temporary structure(s).
- 11) Fire extinguishers shall be provided. (Verify with Fire Inspector at 981-8370.)
- 12) Motorized vehicles are not permitted in temporary structure(s) except for loading and unloading purposes.
- 13) For cooking and food preparation a temporary food service permit may be required. (Verify with Health Dept. at 933-0917.)
- 14) No grubbing or grading work will be permitted unless the applicant complies with Chapter 10 (Erosion & Sedimentation Control) and / or Chapter 27 (Flood Control), Hawaii County Code. (Contact the Engineering Division at 961-8327.)
- 15) All temporary structures shall be removed upon expiration of this permit.

THIS PERMIT SHALL BE VALID FOR THE PERIOD TO .

PART 3 Applicant shall obtain approvals from those agencies marked with an "X". If agency is not applicable, agency to write "NA" on signature line, sign and date.

APPROVED FOR TEMPORARY USAGE ONLY:

<input type="checkbox"/>	PLANNING DEPARTMENT	DATE	<input type="checkbox"/>	FIRE DEPARTMENT	DATE
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<input type="checkbox"/>	HEALTH DEPARTMENT	DATE	<input type="checkbox"/>	BUILDING DIVISION	DATE
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OTHER AGENCIES

<input type="checkbox"/>	DATE	<input type="checkbox"/>	DATE
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County of Hawaii, International Building Code 2006
Temporary Structures Code Regulations

SECTION 107 TEMPORARY STRUCTURES AND USES

107.1 General.

The building official is authorized to issue a permit for temporary structures and temporary uses. Such permits shall be limited as to time of service, but shall not be permitted for more than 180 days. The building official is authorized to grant extensions for demonstrated cause.

107.2 Conformance.

Temporary structures and uses shall conform to the structural strength, fire safety, means of egress, accessibility, light, ventilation and sanitary requirements of this code as necessary to ensure public health, safety and general welfare.

107.3 Temporary power.

The building official is authorized to give permission to temporarily supply and use power in part of an electric installation before such installation has been fully completed and the final certificate of completion has been issued. The part covered by the temporary certificate shall comply with the requirements specified for temporary lighting, heat or power in the ICC *Electrical Code*.

107.4 Termination of approval.

The building official is authorized to terminate such permit for a temporary structure or use and to order the temporary structure or use to be discontinued.

SECTION 3103 TEMPORARY STRUCTURES

3103.1 General.

The provisions of this section shall apply to structures erected for a period of less than 180 days. Tents and other membrane structures erected for a period of less than 180 days shall comply with the *International Fire Code*. Those erected for a longer period of time shall comply with applicable sections of this code.

3103.1.1 Permit required.

Temporary structures that cover an area in excess of 120 square feet (11.16 m²), including connecting areas or spaces with a common means of egress or entrance which are used or intended to be used for the gathering together of 10 or more persons, shall not be erected, operated or maintained for any purpose without obtaining a permit from the building official.

3103.2 Construction documents.

A *permit* application and *construction documents* shall be submitted for each installation of a temporary structure. The *construction documents* shall include a site plan indicating the location of the temporary structure and information delineating the *means of egress* and the *occupant load*.

3103.3 Location.

Temporary structures shall be located in accordance with the requirements of Table 602 based on the *fire-resistance rating* of the *exterior walls* for the proposed type of construction.

3103.4 Means of egress.

Temporary structures shall conform to the *means of egress* requirements of [Chapter 10](#) and shall have a maximum *exit access* travel distance of 100 feet (30 480 mm).



HAWAII FIRE DEPARTMENT

FIRE PREVENTION BUREAU

HILO: 25 Aupuni St. Suite 2501, Hilo, HI 96720 (808) 932-2913 or (808) 932-2914
KONA: 74-5044 Ane Keohokalole Hwy, Bldg E, Kailua-Kona, HI 96740 (808) 323-4760

Date:	_____
Payment Amount:	_____
Received By:	_____
Permit Number:	_____
<i>For Fire Department Use Only</i>	

TENT/FAIR/MARKET PERMIT APPLICATION

Completed application shall be submitted with payment to the Hilo or Kona fire prevention office. Payment may be cash or check. Checks shall be made out to 'County Director of Finance'.

(To be completed by applicant)

Permit Type: Carnival or Fair Farmer's Market, Open Market, or Flea Market Tent/Temporary Structure

Carnival or Fair Permit \$100.00 from _____ to _____ (Dates)	Farmer's Market, Open Market, or Flea Market \$25.00 <input type="checkbox"/> April 1 to September 30 <input type="checkbox"/> October 1 to March 31 Year _____	Tent/Temporary Structure Permit \$25.00 per tent >700sqft, tents <10' apart shall be counted as one tent. from _____ to _____ (Dates)
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Business/Event Name: _____

TMK: _____

Address/Location: _____

City/State: _____ Zip Code: _____

Applicant: _____ Phone: _____

Fax: _____ E-Mail Address: _____

Mailing Address for Permit: _____

***A Site Map shall be attached.** Site map shall depict all structures, temporary or permanent, with dimensions. Distances to fire department water supplies, emergency access routes, and location of fire extinguishers shall also be depicted. Nearest street or public way shall be included and labeled as a frame of reference. A ⊗ symbol shall be used to depict fire extinguishers, and a label shall be included with its size and classification.

(To be completed by HFD)

INSPECTION

- | | | | |
|--|---|-------------------------------|---|
| Detailed Site Map Submitted | <input type="checkbox"/> Yes <input type="checkbox"/> No | LPG > 10' from general public | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Fire Protection Equipment Satisfactory | <input type="checkbox"/> Yes <input type="checkbox"/> No | LPG Tanks Secured | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Emergency Lighting Satisfactory | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Tents Secured | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Staff Proficient in Evacuation Training | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tents >25' from Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Open flame cooking producing grease laden vapors under noncombustible roof | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| K Extinguisher for Deep Fat Frying <30' | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Emergency Exits, Egress & Access Satisfactory | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Date Extinguishers Inspected: _____ Inspected by: _____

Comments: _____

APPLICANT SIGNATURE: _____ DATE: _____

INSPECTOR SIGNATURE: _____ DATE: _____

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

(Please type or print in black or blue ink)

(A) NAME OF ORGANIZATION OR ESTABLISHMENT			(B) LOCATION OR ADDRESS OF EVENT (ONLY ONE)		
(C) CONTACT PERSON			(D) CONTACT PERSON PHONE #	FAX PHONE #	
DAY	(E) DATE OF EVENT	(F) TIME OF EVENT	DAY	(E) DATE OF EVENT	(F) TIME OF EVENT
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		
(G) NAME OF APPROVED KITCHEN (COMMISSARY)			(H) STREET ADDRESS OF KITCHEN		(I) PERMIT NO.
KITCHEN USE AUTHORIZED BY: (J) (OR ATTACH LETTER OF AUTHORIZATION)					
_____ (K) SIGNATURE OF AUTHORIZED PERSON			_____ (L) KITCHEN PHONE NUMBER		
_____ (M) PRINT NAME OF AUTHORIZED PERSON			_____ (N) TITLE		

(O) LIST FOOD ITEMS. NO HOME PREPARED FOOD. REMINDER: KEEP HOT FOOD ABOVE 140°F. KEEP COLD FOOD BELOW 45 °F.		

(CONTINUE FOOD ITEMS ON A SEPARATE PAPER IF NEEDED)

(P) ATTACH: SITE PLAN – INCLUDE HAND WASHING FACILITIES, BOOTH LAYOUT

The Sanitation Branch, Department of Health reserves the right to deny your Temporary Food Establishment Permit or revoke the permit for failure to comply with the sanitary requirements of Hawaii Administrative Rules, Title 11, Department of Health, Chapter 12, Food Establishment Sanitation. The permit applicant may be required to submit a complete menu and schematic plan of the proposed operation.

THIS PERMIT IS ONLY VALID FOR TWENTY (20) DATES IN ANY 120 DAY PERIOD

_____ (Q) DATE	_____ (R) SIGNATURE OF APPLICANT
_____ (S) TITLE	_____ (T) PRINT NAME OF APPLICANT

FEE \$25.00 NON REFUNDABLE SUBMIT APPLICATION AND FEE AT LEAST TEN WORKING DAYS PRIOR TO EVENT

MAKE CHECKS PAYABLE TO: **STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON THE CHECK)**

SUBMIT COMPLETED APPLICATION AND FEE TO: **ENVIRONMENTAL HEALTH FACILITY
 1582 KAMEHAMEHA AVENUE
 HILO, HI 96720**

THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK.

APPROVED:

_____ DATE	_____ SIGNATURE OF AGENT/DEPARTMENT OF HEALTH	_____ R.S. LIC. NO.	Department of Health Seal
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SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

FEE \$25.00	DATE PAID	METHOD OF PAYMENT	RECEIPT NO.	RECEIVED BY
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INSTRUCTIONS FOR TEMPORARY FOOD PERMIT APPLICATIONS

- *All establishments, organizations, or individuals distributing or selling food to the public for a limited period of time (not exceeding 20 dates within a 120 day period) are required to submit a Temporary Food Establishment Permit Application to the Department of Health, Sanitation Branch. **Applications will not be processed if the form is incomplete.***
 - *Applications and \$25.00 fee should be submitted at least ten (10) working days prior to event.*
 - *All exemptions will be decided by the Department of Health Sanitation Branch.*
 - ***Approved permit may be picked-up OR faxed OR mailed to you (include a self-addressed, stamped envelope with the application.***
- A. NAME OF ORGANIZATION OR ESTABLISHMENT: Name of organization or establishment administering the food operation. Each permit applies to **one (1) organization or establishment only.**
- B. LOCATION OR ADDRESS OF EVENT: Site of food distribution. Each permit applies to **one (1) location.**
- C. CONTACT PERSON: Name of person(s) representing the organization or establishment.
- D. CONTACT PHONE OR FAX NUMBER: Phone and/or FAX number of person(s) representing the organization or establishment.
- E. DATE OF EVENT: One date per line (Maximum of 20 dates within a 120 day period, starting from the date of the first event).
- F. TIME OF EVENT: Start to end time of event.
- G. NAME OF APPROVED KITCHEN (COMMISSARY): Name of approved commercial kitchen (commissary) where food preparation, food storage, utensil washing, etc. will be done.
The proposed approved kitchen (commissary) must be approved by the Department of Health for the temporary food event. Home kitchens are not acceptable for use.
- H. STREET ADDRESS OF KITCHEN: Street address of approved commercial kitchen (commissary) where food preparation, food storage, utensil washing, etc. will be done.
- I. PERMIT NO.*: Permit number of the approved commercial kitchen (commissary) where food preparation, food storage, utensil washing, etc. will be done.
*Permit number issued by the State Department of Health
- J. (OR ATTACH LETTER OF AUTHORIZATION): Instead of having the Authorized Person sign the application, a letter of authorization from the person in charge of the kitchen may be submitted which must include information G, H, I, K, L, M, and N.
- K. SIGNATURE OF AUTHORIZED PERSON: Signature of person giving permission to use the approved commercial kitchen (commissary).
- L. KITCHEN PHONE NUMBER: Phone number of approved commercial kitchen (commissary).
- M. PRINT NAME OF AUTHORIZED PERSON: Print name of “(K) Signature of Authorized Person.”
- N. TITLE: Title of “(K) Signature of Authorized Person.”
- O. LIST OF FOOD ITEMS: All food and drink items being sold or distributed at the event (in the case of “BBQ” chicken sales, include the number of pieces of half or whole chickens to be sold).
- P. SITE PLAN, BOOTH LAYOUT: On a separate paper draw a site plan showing the booth where food will be distributed including handwashing facilities, warmers, burners, cookers, etc.
- Q. DATE: Date submitting application.
- R. SIGNATURE OF APPLICANT: (Applicant and contact person need not be the same person).
- S. TITLE: Title of “(R) Signature of Applicant.”
- T. PRINT NAME OF APPLICANT: Print name of “(R) Signature of Applicant.”