



# Makani Kai Marina

45-995 Waialele Road • Unit 81 • Kane'ohe • Hawai'i • 96744-3034

## ALTERATION REQUEST FORM

Unit: \_\_\_\_\_ Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alteration Description:

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Contractor Information Needed:

Name & copy of contract. Copy of Insurance (listing AOA Makani Kai Marina as also insured). License Number & Warranty.

**Is a City building permit required? Yes or No**

The following are required: photographs, detailed drawings and manufacturer brochures to the Board of Directors that show exactly how the modification will appear on completion. The drawings will be concise with all elements clearly identified.

I am responsible to present this proposed alteration, if visual or there exists a possibility of affecting others, to the neighboring units and have them sign this request. I understand that the MKM office may query owners of the neighboring apartments for their comments for which they will have 15 days to respond. I understand and agree to a final inspection to verify that the project was completed as approved and that there will be a 30 day limit on making changes required by the inspection. If not completed per approval and within schedule the Association may hire a contractor to complete the project and charge the owner. I understand and agree that, when approved, the responsibility for maintaining the modification alone with any portion of the property/unit it may be attached to, and full liability for the modification belongs to the owner and all future owners of the unit.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Neighboring Owner Signature: \_\_\_\_\_ Agreeable: **Yes or No** Date: \_\_\_\_\_

Neighboring Owner Signature: \_\_\_\_\_ Agreeable: **Yes or No** Date: \_\_\_\_\_

(Objectionable Notes/Inspection results on reverse side)

## Final Inspection Results

The inspection below was conducted by a member of the Makani Kai Marina, A.O.A.O. Staff or authorized individual (as noted).

The owner of the unit being inspected understands and has previously agreed to make any alterations or adjustments as found and noted by the inspector within 30 working days beginning the date of the inspection.

Inspectors Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Results/Objection Notes: \_\_\_\_\_

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Follow-Up Results: \_\_\_\_\_

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Inspector's Signature

\_\_\_\_\_  
Date

(Revised: July 26, 2017: KAK)

Office: 808-235-4416

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