



## APPLICATION FORM DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101, Honolulu, HI 96814, V/TTY: (808) 586-8121; Fax: (808) 586-8129

Date: \_\_\_\_\_

Applicant Information		
Company:	_____	Agency/Department; _____
Address:	_____	
City:	State: _____	Zip: _____
Contact:	_____	Phone: _____
Title:	_____	Fax: _____

Request Information	
<input type="checkbox"/> Site Specific Alternate Design <input type="checkbox"/> Interpretive Opinion <input type="checkbox"/> Design Specification (choose one):	
<input type="checkbox"/> ADOPTION <input type="checkbox"/> AMENDMENT <input type="checkbox"/> REPEAL	
Guidelines:	_____ Section(s) _____
Description:	_____
	_____
	_____
	_____

Site Specific Alternate Design	
Project Title:	_____
	_____
Job No.:	_____ T.M.K.: _____
Agency:	_____
Address:	_____ County: _____
Contact:	_____ Phone: _____
Title:	_____ Fax: _____

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may be grounds for site specific alternate design denial. I understand that all costs related to the processing of this application for a site specific alternate design by the Disability and Communication Access Board (DCAB), including processing fees, proceeding costs and legal notice publications, will be billed directly to me. In addition, I agree to submit all public notices to the DCAB for review, approval and filing for publication. Further, I understand that all materials filed with or presented to the DCAB will be retained and will be considered public documents under HRS §92F and shall be available for inspection by the public during public hearing as well as after a final decision is made.

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

This application form shall be completed by the person, agency or department for whom the request is intended. The three request types are: 1) site specific alternate designs, 2) interpretive opinions, and 3) petition for adoption, amendment or repeal of design specifications. Instructions for completing this request application form are provided below.

To speed the processing of your request, please answer completely and accurately all applicable questions on this request application form. Photocopies of the form are acceptable.

The Disability and Communication Access Board (DCAB) staff will receive, review, date-stamp and assign a docket number to all applications. A final decision will be made at a public meeting. A copy of the DCAB decision will be mailed to the applicant and other interested parties.

- b) All documents shall be written in black ink, typewritten, or printed legibly on paper no larger than 8-1/2" x 14" except plans, maps, etc. may be larger, folded to the required size.
- c) The applicant is responsible for all arrangements for the public hearing (Location, Date, Time) and publishing the legal notice. The Staff will review, and if acceptable, return the approved legal notice to the applicant to be printed. A minimum of twenty (20) days public notice is required.
- d) The Applicant is responsible for placing the legal notice and obtaining an affidavit for the DCAB specifying the date(s) the notice will appear in the community's general circulation newspaper.

**INSTRUCTIONS**

1. Fill in **DATE** of request.
2. Complete **APPLICANT INFORMATION**.
  - a) Requester's Company or Agency/Department and Mailing Address
  - b) Contact Person's Name and Title
  - c) Requester's Telephone and Facsimile Number
3. Complete **REQUEST INFORMATION**.
  - a) Indicate the type of request.
    - 1) Site Specific Alternate Design (SSAD) means to grant relief from specific requirements of HRS §103-50, when the SSAD will ensure an alternate design that provides equal or greater access for persons with disabilities. Complete steps 4, 5 and 6.
    - 2) Interpretive Opinion is a determination to the applicability of any provision administered by, or of any rule, order or design specification of the Disability and Communication Access Board. Complete Step 4 only.
    - 3) Design Specifications are developed to achieve accessibility guidelines for areas that are not currently addressed in the ADAAG. Clarify petition for ADOPTION, AMENDMENT, or REPEAL of Design specifications.
  - b) Indicate applicable guidelines (ADAAG, RHAG, etc.)
  - c) Specify SECTION NUMBER and TITLE within the guidelines. One section per application.
  - d) Write a brief description and justification for your request. A written justification shall be attached not to exceed five (5) typewritten pages. Justification shall include requester's interest in the subject matter, including the reasons for the request; and a discussion of the requester's reasons and positions or contentions and legal authorities in support of the requester's position or contention.
4. Provide SIGNATURE and DATE Application.
5. Complete **SITE SPECIFIC ALTERNATE DESIGN INFORMATION (SSAD)**.
  - a) Project Title, Job Number, and Tax Map Key.
  - b) Identify the Department/Agency that is responsible for the project and their Mailing Address.
  - c) Contact Person's Name and Title
  - d) Telephone and Facsimile Number
  - e) Provide brief site-specific description.
6. Documents for **SSAD**.
  - a) All documents related to a SSAD shall be sent by mail or hand-carried to the DCAB's office in Honolulu, Hawaii. The date on which the papers are received by the DCAB shall be the date of filing.

LEGAL NOTICE SAMPLE: Substitute site-specific and request information in the underlined sections and submit to DCAB for approval prior to publication.

**NOTICE OF PUBLIC HEARING  
DISABILITY AND COMMUNICATION ACCESS BOARD  
DOCKET (NUMBER):  
(PROJECT TITLE) SITE SPECIFIC ALTERNATE DESIGN**

NOTICE IS HEREBY GIVEN of a public hearing to be held by the State of Hawaii Disability and Communication Access Board:

DATE: \_\_\_\_\_ (DATE)  
 PLACE: \_\_\_\_\_ (LOCATION)  
 \_\_\_\_\_ (ADDRESS)  
 \_\_\_\_\_ (CITY, STATE, ZIP)  
 TIME: \_\_\_\_\_ (START) TO \_\_\_\_\_ (END)

So that all interested persons shall be afforded a reasonable opportunity to be heard to consider under §103-50, Hawaii Revised Statutes, the following:

**(PROJECT TITLE) SITE SPECIFIC  
ALTERNATE DESIGN (SSAD)**

Tax Map Key: \_\_\_\_\_ (TAX MAP KEY)  
 Applicant: \_\_\_\_\_ (DEPARTMENT/AGENCY)  
 \_\_\_\_\_ (ADDRESS)  
 \_\_\_\_\_ (CITY, STATE, ZIP)  
 Location: \_\_\_\_\_ (COUNTY-PROJECT ADDRESS)  
 Request: (BRIEF DESCRIPTION/REASON  
 \_\_\_\_\_ FOR SSAD)

Project information and plans are on file in the office of the Disability and Communication Access Board, 919 Ala Moana Boulevard, Room 101, Honolulu, Hawaii 96814 and are available to the public for inspection during office hours. Free copies of the project information and plans may be obtained by calling 274-3141, ext. 68121 (from Kauai), 984-2400, ext. 68121 (from Maui) or 974-4000, ext. 68121 (from Hawaii).

Persons wishing to comment are requested to submit five copies of their testimony prior to or at the hearing. Any persons requiring any special accommodation (i.e., large print materials, sign language interpreter) is asked to provide such request 72 hours prior to the scheduled hearing. This request may be made in writing to the Disability and Communication Access Board at the address above or by calling (808) 586-8121 (Voice/TTY), or the above numbers for outer islands.

Disability and Communication Access Board  
 \_\_\_\_\_, Executive Director