

Aiea Park Place  
99-854 Mea'ala St.  
Aiea, Hawaii 96701

**Design Review Request Form**

Members Name: \_\_\_\_\_

Address: \_\_\_\_\_ Lot # \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Email) \_\_\_\_\_

Description of Work Proposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Maker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**INDEMFICATION:** I agree to release and hold harmless Aiea Park Place Community Association, and its officers and agents in connection with any claim or loss arising from my construction project.

**DAMAGE/LOSS:** I agree to be responsible for any damage(s) to any of the common elements (Roads, Sidewalks, Planting Strips, etc.) arising from my construction project.

**CLEAN UP:** I agree to be responsible for restoring the common elements pre-construction condition (i.e. cleaning dirt, mud and debris from road and sidewalks, moving material stock pile within project site, etc.) at the end of each work day.

**HOURS OF WORK:** I agree to limit the hours of work to Monday through Friday (except for holidays) from 7:30a.m. to 5:30p.m. Saturdays, Sundays and Holidays 8:30a.m. to 5:30p.m.

I agree and accept conditions stated above:

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please e-mail ([admin@cadmusproperties.com](mailto:admin@cadmusproperties.com)), fax (808-528-2804) completed application to our office\*\*or Submit through Appfolio**