

State of Hawaii
Department of Health
Indoor and Radiological Health (IRH) Branch
Noise Section
591 Ala Moana Boulevard, Room 133
Honolulu, Hawaii 96813
(808) 586-4700

APPLICATION FOR COMMUNITY NOISE VARIANCE

Refer to "Guide to Application for Community Noise Variance" for instructions. Submit attachments if necessary. Application form and attachments must be submitted in triplicate.

1. Applicant Identification

Company Name State of Hawaii, Dept. of Transportation Telephone 808-587-2220

Authorized Individual Salvador Panem Telephone 808-587-2220

Title Acting Highways Administrator

Mailing Address 869 Punchbowl Street, Room 513

Honolulu, HI 96813

2. Type and purpose of activity
See Section 2, Additional Information, Item 2

3. Location of activity
See Section 2, Additional Information, Item 3

4. Time of activity
See Section 2, Additional Information, Item 4

5. Estimated duration of construction activity (Specify dates)

From 5/1/2017 To 12/31/2018

6. Schedule of activity (Submit as attachment)
See Section 2, Additional Information, Item 6
7. Description of immediate impact area
See Section 2, Additional Information, Item 7
8. List of equipment to be utilized (attach list if necessary)
See Section 2, Additional Information, Item 8
9. Plans and procedures for the attenuation of noise emission emanating from the activity
See Section 2, Additional Information, Item 9
10. Identify specific provisions of statutes or rules for which the variance is requested
(include specific sections)
See Section 2, Additional Information, Item 10
11. Description of alternatives to the proposed activity
See Section 2, Additional Information, Item 11
12. Describe why the present or proposed activity cannot be altered to comply with
applicable statutes or rules
See Section 2, Additional Information, Item 12
13. Description of any adverse environmental effects which cannot be avoided
See Section 2, Additional Information, Item 13
14. Discuss the relationship between short-term (temporary) use of the environment, and the
maintenance and enhancement of long-term productivity
See Section 2, Additional Information, Item 14
15. Discuss any irreversible and irretrievable commitments of resources which would be
involved in the proposed activity
See Section 2, Additional Information, Item 15

16. Discuss any possible impact from noise created by any proposed nighttime activity which may affect the immediate surrounding area
See Section 2, Additional Information, Item 16
17. Discuss any plans or procedures for notification of people in the surrounding area of any planned nighttime activity
See Section 2, Additional Information, Item 17
18. Describe the purpose of the project as relating to public interest
See Section 2, Additional Information, Item 18

CERTIFICATION OF INDIVIDUAL AUTHORIZED TO ACT FOR APPLICANT

I, Salvador Panem, certify that I have
Print Name
knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief.

Signature 

Date 9/22/16

.....
FOR DEPARTMENT OF HEALTH USE ONLY

Date received _____

Variance Appl. Number _____

Variance Docket Number _____

Fee Paid _____

Receipt No. _____

Date Issued _____

Exp. Date _____