

PEST CONTROL BOARD

Department of Commerce and Consumer Affairs

P.O. Box 3469

Honolulu, Hawaii 96801

Access this form via website at: cca.hawaii.gov/pvl

Applicant: _____

Address of Pest Control Business:

Address of Chemical Storage facility:

Tax Key No.: _____

Tax Key No.: _____

ZONING CERTIFICATION FORM

As an applicant or licensee for a pest control operator's license, I understand that the law requires my place of business and chemical storage facility to be located in an area zoned to allow such. I have confirmed with the County that I am able to conduct my pest control business at the above address and I hereby certify the following:

1. That the business and its location and the chemical storage facility and its location (if not the same) as indicated on the application comply with the zoning code of the county;
2. That the applicant or RME shall comply with any and all restrictions imposed by the county, or any other government agency with jurisdiction on the use of the office or place of business; and place of chemical storage.
3. That if there is any change of address, of the business or chemical storage facility, the board will be informed, new confirmation from the county will be obtained, and a new zoning certification form will be signed; and
4. That if the county or any government agency with jurisdiction finds the applicant in violation of any of the provisions or restrictions, the pest control license may be revoked, suspended, refused to be renewed, or otherwise disciplined.

I have read and understood the above, and acknowledge that any material misrepresentations of the above constitutes grounds for denial of the attached license application, refusal or renewal of application, license suspension, license revocation, and/or the imposition of penalties pursuant to Hawaii Revised Statutes, Chapters 460J and 436B.

Date: _____

Signed: _____

PCO/RME

Legal Name
of License:

Sole Owner, Corporation, Partnership, LLC, LLP

Mailing Address: (if different from above)

License No. PCO - _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

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ZONING CERTIFICATION REQUIREMENT

Please be advised that one of the requirements for a license to do business as a pest control operator in Hawaii is to maintain a place of business in the State in an area zoned to allow such a business. You must confirm with the appropriate county agency as to whether your business location and chemical storage facility is located in an appropriately zoned area and make an attestation as to your approval (on form PC-12) before your license will be issued. For applications or any questions regarding the zoning, please direct your inquiries to:

County of Honolulu: Department of Planning & Permitting Phone: (808) 768-8252
Building Division
Zoning Plan Review Branch
City and County of Honolulu
650 So. King Street, 7th Floor
Honolulu, HI 96813

 Kapolei Building Permit Center Phone: (808) 768-3123
Kapolei Hale
1000 Uluohia Street
Kapolei, HI 96707

Kakaako Community Hawaii Community Development Authority
Development District:
Kakaako Office Phone: (808) 594-0300
547 Queen Street
Honolulu, HI 96813

 Kalaeloa Field Office Phone: (808) 620-9641
91-5420 Kapolei Parkway
Kapolei, HI 96707

County of Hawaii: County of Hawaii
Planning Department
East Hawaii Phone: (808) 961-8288
Aupuni Center
101 Pauahi St., Suite 3
Hilo, HI 96720

 West Hawaii Phone: (808) 323-4770
74-5044 Ane Keohokalole Hwy.
Building E, 2nd Floor
Kailua-Kona, HI 96740

County of Kauai: County of Kauai Phone: (808) 241-4050
Planning Department
4444 Rice Street, Ste. 473
Lihue, HI 96766
Request: Planning Technician

County of Maui: County of Maui Phone: (808) 270-7735
Planning Department
Zoning Administration &
Enforcement Division - ZAED
2200 Main Street
One Main Plaza Bldg., Ste. 335
Wailuku, HI 96793