Real Estate Commission Department of Commerce and Consumer Affairs State of Hawaii 335 Merchant Street, Room 333 Honolulu, Hawaii 96813

QUESTIONNAIRE CHAPTER 514B, HRS

1.	N	me of Project:						
	R	gistration No.:						
		(For office use only)						
2.	L	cation of Project:						
		ailing Address of Project:						
	(1	different from location)						
3.	Property Committed or to be Committed to the Regime:							
	a.	 Master Deed Master Lease Other Agreement of Sale (attach doc.) Option Purchase Contract Sublease (Describ) 						
	b.	Date Recorded:	C)					
		Recordation Data:						
		Not Recorded:						
4.	De	cription of Project:						
	a.	Is this project subject to a Special Management Area (SMA) Permit? Second S						
		If so, what is the status of this permit?						
	 b. Is this project subject to the design and construction requirements in new construction for persons with disabilities as required under the Federal Fair Housing Amendments Act of 1988? Yes No 							
	If "yes," what apartments in the project are "accessible" and "adaptable" for persor with disabilities (24 C.F.R. Section 100 et seq.)?							
			_					
		If "no," why is this project not subject to the requirements?						
	C.	Is the project in compliance with all county zoning and building ordinance and codes and all other county permitting requirements applicable to the project pursuant to Act 251 (SLH 2000) and all applicable state and federal requirements? Yes I	No					

5. Architect/Engineer/Surveyor:

	Name		Address	Hawaii Reg No.				
6.	Contr	actor:						
	Namo	e	Address	Hawaii Reg No.				
7.		Purchaser's funds l ersion costs prior t	 peing used to pay for project construction cos o closing?	sts including				
		Yes	No					
8.	Sales	to Owner-Occupa	ants:					
	a.	a. Is the project developed pursuant to section 46-15 or 46-15.1, or chapter 53, 201H or 206?						
		Yes	No					
	b. Is the project developed pursuant to an affordable housing condition or provision imposed by a state or county governmental agency?							
		Yes	No					
	C.	Does the developer intend to sell the project to a spouse or family members related by blood, descent or adoption?						
		☐ Yes ☐	No					
	d.	Does the devel fewer apartmer	nium status two or					
		Yes	No					
9.	Title (Title insurance, abstract, certificate, others):							
	a.	Туре:						
	b.	Name of firm who issued certificate:						
	C.	c. Date issued (not more than 60 days old at time of filing) :						
10.	subje	Is the developer affiliated with or does the developer have a financial interest with the subject condominium project's real estate broker, escrow company, general contractor, condominium managing agent or attorney?						
		Yes	Νο					
	lf so,	please describe th	ne affiliation or financial interest, in detail, on	a separate				

exhibit.

11. Conversion of Existing Structures to Condominium Status:

If this project includes existing structures that have been in existence for five years or more, with units that may be occupied for residential use, and the existing structures are now being converted to condominium status, then please list and provide specific information about all of the following (§514B-84 and §514B-89, HRS):

- a. Any outstanding notices of uncured violations of zoning, building, or other county regulations (notices include a county letter specifying the violations);
- b. Estimated costs to cure violations; and
- c. Deadline date for completion of repairs to cure all the listed violations.
- 12. Encumbrances and Status Report:

Is the project subject to any of the following? If subject to any of the following provide a brief description of the encumbrance, terms, amount due if any, and current status of the encumbrance, for example, whether the taxes are paid.

а. [Dedications, agriculture, historic properties, etc.;	🗌 Yes	🗌 No
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- b. Roll Back taxes; 🗌 Yes 📄 No
- Real property taxes of master parcel (i.e. subdivision parcel, nested condominium parcel);
 Yes No
- d. Real property taxes of individual unit. 🗌 Yes 👘 No