



STATE OF HAWAII
DEPARTMENT OF HEALTH
99-945 Halawa Valley St.
AIEA, HI 96701-5602

Notification for Demolition or Land Clearing Abatement Inspection

Applicant Information

Name of
Person, Firm
or
Corporation: _____ Date: _____

Project
Address: _____
Street Address

City _____ *State* _____ *ZIP Code* _____

Phone: _____ Email _____

Contact
Person: _____ Contact
Phone: _____

Submit Notification to:

**Vector Control Branch
99-945 Halawa Valley Street
Aiea, HI 96701**