



RECEIVED  
LAND MANAGEMENT  
DIVISION  
JODIE L. CRISWELL  
CHAIRMAN DESIGNATE  
HAWAIIAN HOMES COMMISSION  
MICHELLE K. KAUIHANE  
DEPUTY TO THE CHAIRMAN  
2013 FEB -1 AM 10:07

STATE OF HAWAII  
DEPARTMENT OF HAWAIIAN HOME LANDS  
P. O. BOX 1879  
HONOLULU, HAWAII 96805

REQUEST FORM FOR NON-HOMESTEADING LAND USE PURPOSES

**PART I: APPLICANT INFORMATION**

Name: DAVID DWELLE, TBA to special purpose entity  
Address: 1777 Puuhai Hwy, Kihikihi, HI 96753  
Phone No.: 530-887-1984 Cell: 530-906-7362 Email: dwelle@pacpower.biz

If Corporation/Organization/Company/LLC/Non-Profit:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Requesting Organization is a Non-Profit

- Type of Non-Profit:  Private Nonprofit – governed by self appointed board  
 Member Nonprofit – governed by voting members  
 Homestead Organization – governed by HHCA beneficiary members

Requesting Organization is For Profit - Individual or Business:

- Individual  Sole Proprietorship  Partnership  
 Corporation  Limited Liability Corporation  Other

Is an Individual HHCA Beneficiary or is Owned by an HHCA Beneficiary  Yes  No

Requesting Organization is a Government Agency:

- Federal  State  County

Officers and/or Principal Representatives: \_\_\_\_\_

Mission of Organization: To provide renewable energy for humanity

Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ State Tax ID#: \_\_\_\_\_

**PART 2: NON-HOMESTEADING LAND USE REQUEST**

Describe proposed non-homesteading land use envisioned under this request as submitted  
A solar generating facility; each facility to require approximately 10 acres of land

\*Please attach additional information if necessary

Approximately 10 acres per facility

Land Area requested: Acreage/Sq.Ft.

Island: Mau Tax Map Key No.: 3-2-001-003, 3-8-008-034, 4-4-002-018, 2-2-002-014

Indicate Character of Use:

- Agricultural
- Commercial
- Church
- Other
- Pastoral
- Industrial
- Community Facility

Does applicant have any existing land disposition issued by Hawaiian home lands for non-homesteading use purposes?  Yes  No

If yes, under what type of use and disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how proposed land use request will have direct or significant indirect benefit the Trust and/or its Beneficiaries: Lease income at a rate higher than typical and a benefits package for the Waiyoheti Homestead to be negotiated.

The following authorized representative submits this request for use of Hawaiian home lands under non-homesteading purposes and acknowledges that:

1. This is an application process that will be subject to further review, evaluation and consideration by DHHL and may require additional information to be submitted;
2. This request does not constitute any form of DHHL approval to this non-homesteading land use request as submitted;
3. In the best interest of the trust, DHHL reserves the right to exercise its prudent authority pursuant to and in accordance with the Hawaiian Homes Commission Act (Section III, Section 204(a)(2), Section 220.5, Section 207(c), Hawaii Revised Statutes, Chapter 171, as amended and the Hawaii Administrative Rules, Title 10;
4. Once the application is deemed complete, the non-homesteading land use request will be posted for a 30 day review period on the DHHL website for beneficiary and public comment;
5. Additional Island or Regional Specific Beneficiary Consultation will be required per the DHHL Beneficiary Consultation Policy;
6. All input/comments received will be provided to the Hawaiian Homes Commission if/when approval for disposition is considered by the HHC;
7. Associated non-refundable processing and documentation fees shall be assessed for each respective disposition request as follows:

Revocable Permit - \$100.00	License - \$200.00	General Lease - Cost	Documentation (all)...\$75.00
-----------------------------	--------------------	----------------------	-------------------------------

DAVID DWELLE  
Print Individual or Organization Name

1/29/13  
Date

DAVID DWELLE  
Authorized Representative Name & Title

x [Signature]  
Signature