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BJ Leithead Todd

Margaret K. Masunaga
Deputy

East Hawai'i Office 101 Pauahi Street, Suite 3 Hilo, Hawai'i 96720 Phone (808) 961-8288 Fax (808) 961-8742

November 23, 2011

Mr. Sidney Fuke, Planning Consultant 100 Pauahi Street, Suite 212 Hilo, HI 96720

Dear Mr. Fuke:

Change of Zone Application (REZ 11-139)

Applicant: Hilo Medical Center

Subject: Request to Withdraw Application

Tax Map Key: 2-3-035:018

Thank you for your letter dated November 18, 2011 requesting to withdraw the subject application. Based on this request, we will be withdrawing the Change of Zone application.

If you have any questions, please feel free to contact Maija Cottle at (808) 961-8159.

Sincerely,

BJ LEITHEAD TODD
Planning Director

MJC:smn

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100 Pauahi Street, Suite 212 • Hilo, Hawaii 96720 Telephone: (808) 969-1522 • Fax: (808) 969-7996 E-mail: sidfuke@hawaiiantel.net

## PLANNING DEPARTMENT COUNTY OF HAWAII

- Planning Variance ZoningSubdivision Land Use Permits
- Environmental Reports

2011 NOV 21 AM 10: 20

November 18, 2011

Ms. BJ Leithead Todd, Director Planning Department COUNTY OF HAWAII 101 Pauahi Street Hilo, HI 96720

Dear Ms. Leithead Todd:

Subject:

Rezoning Application – Hilo Medical Center (REZ 11-0000139)

Punahoa 2<sup>nd</sup>, South Hilo, Hawai'i, TMK: 2-3-035: 018

Please be informed that after due consideration of this matter, the applicant respectfully requests the withdrawal of the subject application from further consideration at this time. While we appreciate your assistance on this matter, we do apologize for any inconvenience and time this matter may have caused your office. At your staff's request, we will provide a copy of this letter to the County Council.

If there are further questions on this matter, please feel free to contact me. Thank you very much.

Sincerely,

SIDNEY M. FUKE

Planning Consultant

Copy - County Council

Mr. Howard Ainsley, Hilo Medical Center, via email

GELOCAG via email

Ms. Cheryl Reis via email