

COUNTY OF KAUA'I PLANNING DEPARTMENT • (808) 241-4050 4444 Rice Street, Suite A473 • Lihu'e, HI 96766

2023 CLASS IV ZONING PERMIT HOMESTAY RECERTIFICATION APPLICATION FORM

I. NOTICE REGARDING OPERATING WITHOUT A PERMIT

It is unlawful to conduct short-term rentals outside of the Visitor Destination Area "VDA" without a permit. The County of Kaua'i can pursue civil and/or criminal penalties for any unlawful short-term rentals.

II. SOURCES OF AUTHORITY

Please review and refer to Sec. 8-17.8 through 17.12 of the Kaua'i County Code, 1987, as amended, Non-Conforming Structures and Uses (Ord. No. 935) and Ordinance 1002 - Homestays which can be found on the Planning Department's portion of the County's website at: www.kauai.gov/Government/Departments-Agencies/Planning-Department/Transient-Vacation-Rentals under the TVR Ordinances and Rules section.

III. APPLICATION CONTENTS

The most current Homestay Recertification Application Form may be completed and submitted <u>at least thirty (30)</u> days prior to the recertification date and will also contain the following documents:

- A. Documents showing proof that the primary residential structure(s) used for the homestay operation is the owner's primary residence or that the respective owner is benefitting under Sec. 5A-11 of the K.C.C. for a homeowner's exemption for the homestay site in the year preceding the date of recertification;
- B. Document showing there is a valid Transient Accommodations Tax (TAT) license for the homestay operation;
- C. Document showing there is a valid General Excise Tax (GET) license for the homestay operation;
- D. Documentation that there is at least one 5 lb. multi-purpose A:B:C fire extinguisher mounted near an exit and inspected annually by a fire protection company;
- E. If applicable, documents that demonstrate the sales of agricultural goods from the property's farm exceed those sales generated from the property's homestay operation.
- F. Additional conditions per Owner's Stipulated Conditions.

Applications and supporting documents may be emailed to **Mlaureta@Kauai.gov**, but should Owner wish to receive a confirmation of receipt, Owner should send via USPS Return Receipt Requested.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE OWNER'S MAILING ADDRESS.

IV. ADDITIONAL NOTICE

- A. Properties located within the Flood Zone may be contacted if an inspection is required for renewal;
- B. If mailed/delivered, documents submitted shall be on standard sized paper, 8 ½" x 11";
- C. All photos shall be dated, labeled with photo content and shall be printed on standard sized paper, 8 ½" x 11";
- D. Owners who require proof of submitting their application should mail their complete application via <u>Certified Mail, return receipt requested</u> to the mailing address of the Planning Department listed above;
- E. The status of all homestay and TVR permits can be found at: www.kauai.gov/Government/Departments-Agencies/Planning-Department/Transient-Vacation-Rentals; and
- F. Any and all attachments/correspondence with the County shall include the Class IV Zoning Permit #.



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2023 HOMESTAY RECERTIFICATION APPLICATION FORM

I. CONTACT INFORMATION	II. PROPERTY INFORMATION
Applicant: Check here if this is a <u>new</u> Own	er*:
	Class IV Zoning Permit #
NAME OF OWNER (required)	
	Use Permit #
Contact Name of Owner (First Name) (La	Special Permit # (If applicable)
Owner's Current Mailing Address	
	The Annual Recertification Due Date (MM/DD/YY)
City State Zip C	ode
()	Name of Homestay (if applicable)
Owner's Email Address Owner's Pho	
24/7 Emergency Contact Person	Street Address of Property
()	City Zip code
	ne Number TMK:
*If this property is transferred or sold, Seller shall provide the new owner's informat	ion (4)
to the Planning Department in writing	
in a reasonable amount of time.	Provide the valid Transient Accommodation Tax License #
III. WEBSITE LINKS	TA
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Provide website link(s) that advertises your Hom Please highlight your Class IV Zoning Permit # or	anah aita
	Initial here that proof of your homeowner's exemption is attached to this application.
	I hereby acknowledge that I am in compliance with
	Ordinance No. 1002. <u>I</u> declare under penalty of perjury that the information I have provided is true and correct. I
	understand that providing false information may be a violation of Federal and State law.
Signature of Applicant	Dated
Print Name Legibly	Poviced 11/09/22