



COUNTY OF KAUA'I DEPARTMENT OF PLANNING

ADDITIONAL RENTAL UNIT (ARU) (Permitting Information & Instructions)

○ **CHECK YOUR DEED FOR RESTRICTIONS ON DEVELOPMENT**

Please check BEFORE you apply for your ARU Permit. Please be cognizant that there are some lots that may qualify for an ARU, but are subject to private restrictions or covenants that prohibit a second dwelling on the parcel. The ARU Ordinance does not supersede these restrictions. **COMPLIANCE IS YOUR RESPONSIBILITY.** If you violate a deed restriction by building and ARU on your parcel, your neighbors could initiate legal measures to enforce the restriction and may result in forfeiture & removal of the ARU.

○ **PROHIBITED**

1. Any property not within the Residential Zoning District.
2. Any property west of the Hanalei River.

○ **PLOT PLAN**

A Plot Plan that is drawn to scale SHALL be submitted with clearance form for all government agencies to review. The Plot Plan SHALL be 8-1/2" X 14" in size (legal sheet) and identify the following:

1. All **legal boundary lines** of the lot;
2. All **existing structures or improvements**, including cesspool(s), sewage disposal system(s), driveways, concrete slabs, etc.;
3. The **location** of the Proposed ARU and its approximate **size**;
4. The **roadway(s)** being proposed for access IF the property abuts more than one (1) street; and
5. The **location of one required additional parking stall** to accompany the ARU, and the existing two (2) parking stalls for the existing residence.

○ **PROCESS**

The Applicant shall start with the Planning Department and return the completed form to the Planning Department after all the agencies have signed UNLESS an agency had determined that the property does not qualify for an ARU.

○ **QUALIFYING REQUIREMENTS**

DEVELOPMENT STANDARDS/CONDITIONS [Per Section 8-30.1(a)]

1. Maximum Total Floor Area = **800 square feet (SF)**. Total Floor Area shall include the overall interior space AND attached accessory structures such as garages & storage areas.
2. Off-Street Parking: One (1) parking stall per ARU.
3. The ARU will not be subjected to a separate Condominium Property Regime (CPR), pursuant to HRS Chapter 514A or 514B.
4. The ARU shall be used for long-term rental, minimum 6-month period.
5. The ARU will not be utilized for transient accommodations, including but not limited to a Homestay OR Transient Vacation Rental (TVR)

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There may be conditions imposed by the reviewing agencies to enable the Applicant to qualify for an ARU. It shall be the Applicant’s responsibility to resolve these conditions/requirements with the respective agency(ies) BEFORE proceeding to the next reviewing agency, except the Department of Public Works.

○ **INTENT OF CLEARANCE FORM**

This clearance form is to determine whether a property QUALIFIES for an ARU. THERE MAY BE INSTANCES WHEN A PARCEL DOES NOT QUALIFY for whatever reasons specified. Due to the provisions of the ARU law, government agencies **cannot** deviate from this law.

○ **ARU ORDINANCE**

Please note that copies of the Additional Rental Unit ordinance (Ord. No. 1026) as well as Chapter 8 of the County of Kaua‘i Code (Comprehensive Zoning Ordinance, aka. CZO), with amendments, can be obtained and purchase at the County Clerk’s Office or available online.

Please be aware that the construction of the ARU shall comply with the requirements setforth in Article 30 of the Comprehensive Zoning Ordinance (CZO), as amended.

○ **APPLICABLE FEES**

Upon the successful completion of the ARU Clearance Form, and upon application for building permit for the ARU, the following fees shall be collected by the Planning Department:

1. Class I Zoning Permit fee of **thirty dollars (\$30.00)**;

THE ABOVE FEES SHALL BE PAID and made payable to the “*County of Kaua‘i, Director of Finance.*”

○ **SITE INSPECTION**

If necessary, the Planning Department may conduct field investigation in order to verify the accuracy of the plot plan. Staking out the proposed structure may be required.



DEPARTMENT OF PLANNING
ADDITIONAL RENTAL UNIT (ARU)
 FACILITIES CLEARANCE FORM

(TO BE COMPLETED BY THE APPLICANT)

APPLICANT(S): Print _____	Signature _____	
Print _____	Signature _____	
PHYSICAL ADDRESS OF PROPERTY: _____		
TMK: _____	LOT SIZE: _____	STREET FRONTING ADU: _____
CONTACT PHONE NO. _____	MAILING ADDRESS: _____	
PROPOSED: <input type="checkbox"/> One Rental Unit <input type="checkbox"/> Guest House Conversion <input type="checkbox"/> Other:		

(TO BE COMPLETED BY REVIEWING AGENCIES)

PLANNING DEPARTMENT USE ONLY		
ZONING: R- _____	SLUD: _____	
COMMENTS: _____	SMA: <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____	Date
		Planning Department

DEPARTMENT OF PUBLIC WORKS (DPW)		
Street Name: _____	Paved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Pavement Width: _____ Ft.
Pavement continuous to Major Thoroughfare: _____	Pavement Condition: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
(NOTE: If roadway is not paved, or pavement is not continuous to a Major Thoroughfare, or funds are not specifically appropriated in the CIP budget, refer Applicant to the Planning Department)		
Flood Zone: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional 10% lot coverage allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Date
		Engineering Division

STATE DEPARTMENT OF HEALTH (DOH)		
Sewer System:	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE
	<input type="checkbox"/> ADEQUATE	<input type="checkbox"/> INADEQUATE
	<input type="checkbox"/> INDIVIDUAL WASTEWATER	<input type="checkbox"/> UNKNOWN
COMMENTS: _____		
_____	_____	Date
		Department of Health

FIRE DEPARTMENT		
Fire Protection Available:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If YES, fire protection is: <input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE	
COMMENTS: _____		
_____	_____	Date
		Fire Department

DEPARTMENT OF WATER (DOW)

Water System: PRIVATE PUBLIC

NOTE: Applicable charges must be paid PRIOR to building permit approval. At the present time, these charges are:

Facilities Reserve Charge \$ _____ Water Meter Installation \$ _____ (Upon Request)

Requirements/Conditions for approval are subject to change.

COMMENTS:

Department of Water

Date

PLANNING DEPARTMENT USE ONLY

Clearance Form Is Certified Complete as the following has been completed:

1. Every signature blank on this form has been signed by each respective agency or Department

YES

NO

COMMENTS:

Planning Department

Date