



2021 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 Kauai 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 Kauai 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 shall be completed and submitted *at least thirty (30) 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 1/2" x 11";
- C. All photos shall be dated, labeled with photo content and shall be printed on standard sized paper, 8 1/2" x 11";
- D. Owners who require proof of submitting their application should mail their complete application via Certified Mail, return receipt requested 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 #.



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

2021 HOMESTAY RECERTIFICATION APPLICATION FORM

I. CONTACT INFORMATION

Applicant: Check here if this is a new Owner*:

NAME OF OWNER (required)

Contact Name of Owner (First Name) (Last Name)

Owner's Current Mailing Address

City State Zip Code

Owner's Email Address () Owner's Phone Number

24/7 Emergency Contact Person

Name () Phone Number

****If this property is transferred or sold,
Seller shall provide the new owner's information
to the Planning Department in writing
in a reasonable amount of time.***

II. PROPERTY INFORMATION

Class IV Zoning Permit #

Use Permit #

Special Permit # (If applicable)

The Annual Recertification Due Date (MM/DD/YY)

Name of Homestay (if applicable)

Street Address of Property

City Zip code

TMK:

(4) - _____

Initial here that proof of your homeowner's exemption is attached to this application.

III. WEBSITE LINKS

Provide website link(s) that advertises your Homestay. Please highlight your Class IV Zoning Permit # on each site.

I hereby acknowledge that I am in compliance with Ordinance No. 1002. I 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

10/15/2020