

COUNTY OF KAUAI'
REAL PROPERTY ASSESSMENT DIVISION
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CLAIM FOR SAFE ROOM EXEMPTION

(Chapter 5A-11.27, K.C.C. 1987)

Parcel ID (Tax Map Key)

Zone	Section	Plat	Parcel	CPR

Safe room exemption is hereby claimed from Real Property Tax by:

Owner's Name: _____

Situs Address: _____

Mailin Address: If different from site address

Home business phone: _____

mail Address: _____

Signature of Owner: _____

Note: No exemption shall be granted unless an acceptable certification from an architect or structural engineer licensed to practice in the State of Hawai'i stating that the completed safe room meets the minimum FEMA and Building Code specifications for a safe room is submitted with this claim.

(To be completed by the Department of Public Works/Engineering)
 I hereby certify that the above-mentioned building is not located in a flood zone, storm surge, or other area susceptible to flooding.
 Date: _____ Name: _____

Claim received by: _____ Date: _____

(Architect's or Structural Engineer's letterhead)

SUBJECT: CERTIFICATION OF CONSTRUCTION
Claim for Safe Room Exemption (Chapter 5A-11.27, K.C.C. 1987)

The safe room for the subject property was inspected on _____
and was found to conform with the requirements of County Ordinance Number 752
including, but not limited to the following:

1. Load Criteria - Designed and constructed for wind loads not less than 250 miles per hour, in accordance with the ASCE Standard Number 7-98.
2. Missile Impact Criteria - Designed and constructed for missile impact with a system tested, approved, and recommended by FEMA (see FEMA 361 "Design and Construction Guidance for Community Shelters", July 2000 Edition, as amended).
3. The Safe Room was designed and constructed pursuant to standards at a minimum in compliance with FEMA 320 "Taking Shelter From the Storm: Building a Safe Room Inside Your House", August 1999 Edition, as amended, and FEMA 361 "Design and Construction Guidance for Community Shelters", July 2000 Edition, as amended.

The Safe Room was installed by _____

State Contractor License Number _____, and under
Building Permit Number _____.

Very truly yours,

Name of Licensed Architect or Structural Engineer

License Number

Professional Seal or Stamp