

TVR REGISTRATION AND NCU FORM

COUNTY OF KAUAI
FINANCE DEPARTMENT
REAL PROPERTY DIVISION 808-241-6222
PLANNING DEPARTMENT 808-241-6677

For Government Use Only
Registration # _____
Date Received _____ By _____
Date Approved _____ By _____
Plans By _____
Fee \$ _____ Date _____

APPLICANT _____

ADDRESS _____

PHONE NO. _____

APPLICANT IS: (check one)

- ____ Owner of Property
- ____ Lessee of Property - Number of Years _____
- ____ Leased From _____ to _____
- ____ Authorized Agent - Attach Letter of Authorization.
- ____ Proprietor of TVR operation

NOTE: *Lessee must have an unexpired and recorded lease of five (5) years or more from date of filing this application.

Sign: _____

Print: _____

Property Info

Tax Map Key _____ Lot. No. _____ # of Buildings on CPR or Lot _____
Zoning - SLUD _____ General Plan _____ County _____

Establishment Info

Establishment name and Address _____
Description of Operation (no. of rooms, no. of units etc.) _____
G.E. License # _____ TAT License # _____
24 Hour Contact Info _____
Date TVR Use Started _____
____ Copy of For the Safety and Comfort of You and Your Neighbors
Attachments provided (G.E.License, TAT License, Units in TVR Use etc.)

COUNTY OF KAUAI PLANNING DEPARTMENT

Inspections

To be initialed by Planning Dept. Staff
____ The subject property has no violations
____ The subject property was inspected on _____
____ The property has the following violations _____

To be initialed by Planning Dept. Staff
____ The subject property does not qualify for single family vacation rental uses.

The subject operation is (check which applies):

___ A Single Family Vacation Rental outside the VDA

In addition to General Info, Provide the following:

___ Signed and Stamped As Built plot, floor, elevation and section drawings by a licensed architect or engineer showing the property as it exists today and showing registration and contact sign location.

___ Verification of operation prior to March 7th, 2008

To be initialed by Planning Dept. Staff

___ Applicant meets definition criteria per CZO

___ The subject property is not within the Visitor Destination Area but qualifies for and is issued a Non-Conforming Use Certificate on ___

___ and has recorded and agreement of the NCU the conditions of the certificate on their deed dated ___

A Single Family Transient Vacation Rental operating on a property or dwelling on the State or National Historic Register

Provide the following:

___ Use permit approved by the Planning Commission or Director as applicable

To be initialed by Planning Dept. Staff

___ The subject property qualifies for the historic exemption and has a use permit for the operation

___ A Single Family Vacation Rental in the VDA

In addition to General Info, Provide the following:

___ Signed and Stamped As Built plot, floor, elevation and section drawings by a licensed architect or engineer showing the property as it exists today and showing registration and contact sign location.

To be initialed by Planning Dept. Staff

___ The subject property is within the Visitor Destination Area and so is allowed to operate transient vacation rentals in conformance with the standards of Section 8-17.8 of the Kaua'i County Code and the underlying zoning.

___ A lawful Multi-Family vacation rental

Provide the following:

G.E. License (s) #

TAT License (s) #

24 Hour Contact Info

___ Plans showing registration and contact sign location.

To be initialed by Planning Dept. Staff

___ The subject property is a lawful multi-family TVR and so is allowed to operate transient vacation rentals in conformance with the standards of Section 8-17.8 of the Kaua'i County Code and the underlying zoning.

___ A single family vacation rental in the SLUD Ag district

In addition to General Info, Provide the following:

___ Signed and Stamped As Built plot, floor, elevation and section drawings by a licensed architect or engineer showing the property as it exists today and showing registration and contact sign location.

___ Verification of operation prior to March 7th, 2008

___ Verification structure built prior to June 4, 1976 or

___ Special Use permit issued prior to March 7, 2008

To be initialed by Planning Dept. Staff

___ The subject property is within the State Land Use Ag district and has a Non-Conforming Use Certificate issued on ___ and has recorded and agreement of the NCU the conditions of the certificate on their deed dated ___

Signature _____ Date _____

Owner/Applicant