

COUNTY OF MAUI  
DEPARTMENT OF PLANNING  
2200 MAIN STREET, SUITE 619  
WAILUKU, HI 96793  
(Office) 270-8205  
email: [planning@mauicounty.gov](mailto:planning@mauicounty.gov)

Application packet for the  
**SHORT-TERM RENTAL HOME**  
**PERMIT RENEWAL**  
STHA, STKM, STMP, STPH, STWK, STWM, STLA, STMO

## I. SOURCES OF AUTHORITY

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The sources of authority for a **Short-Term Rental Home (STRH) Permit** are:

- [Maui County Code \(MCC\), Title 19, Zoning](#), as amended.
- [Chapter 19.65, MCC, Short-Term Rental Homes](#). (Ord. No. 4315, 2016)  
(Ord. No. 4830, 2018)

Application copies can be obtained at the Department of Planning (Department) at 2200 Main Street, Suite 619 in Wailuku. A PDF form-fillable version of this application may also be downloaded from the Department's website at: <https://www.mauicounty.gov/1874/Short-Term-Rental-Home-STRH-Application>

## II. PURPOSE

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The purpose of the STRH permit renewal is to maintain appropriate restrictions and standards for STRHs; to provide an alternative visitor experience to the resort and hotel accommodations in the County, while retaining the character of residential neighborhoods; allow small businesses to benefit from tourism; and implement land use policies consistent with the County of Maui's General Plan and State of Hawaii law.

## III. APPLICATION CONTENTS

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The application contains the following documents:

1. Sources of authority, purpose, application contents, notice regarding submitting false or misleading information, and processing procedures (pg 1)
2. Checklist of Required Submittals (pg 2)
3. STRH Permit Renewal Application (pg 3)
4. STRH Permit Manager Designation Form (pg 4)

## IV. PROCESSING PROCEDURES

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Upon completion of a completed STRH renewal application, the Department of Planning (Department) will review the application to determine whether the required submittals are adequate and may request additional documents, as needed. The Department will review to ensure that the STRH operation is in compliance with all of the restrictions, standards and conditions of the existing permit and all other applicable federal, state and local laws.

A site visit may be conducted and all rooms in the STRH home and property shall be available and shown upon request. Per Section 19.65.070(C), MCC, permit holders must allow compliance inspections within one hour of notice. Refusal to allow access may result in permit revocation.

When the Department has verified all of the above, and determines there are no recorded complaints or open issues that must be resolved, the STRH permit may be renewed for one to five years, subject to Director approval.

## V. NOTICE REGARDING SUBMITTING FALSE OR MISLEADING INFORMATION

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In addition to any enforcement action pursuant to Section 19.530.030, MCC, any misrepresentation(s) on this application or throughout the application process shall result in a denial or revocation of a STRH Permit and also prohibit reapplication within five years from the date of denial or revocation.

## ***STRH Permit Renewal Application Checklist***

- The following documents in the application shall be completed and submitted at the time of application submittal. Incomplete applications may be returned or result in a delay in processing.
  - Please number all documents and arrange them in the order they are listed below.
1. A **non-refundable filing fee**, payable to 'County of Maui Director of Finance.' The current rates are found in the County of Maui Fee Schedule located at: [Table B: Fee Schedule](#).
  2. A completed and signed **Short-Term Rental Home (STRH) Permit Renewal Application** (pg 3).
  3. A completed **STRH Permit Renewal Checklist** (this page, pg 2).
  4. A completed and signed **STRH Permit Manager Designation Form, if the manager has changed** (pg 4).
  5. Proof of certified mailing of change of contact information for manager to owners/lessees of properties that abut the property and are directly across the street.
  6. For first renewals, proof of mailing notifying adjacent property owners/lessees of the permit number, manager name and 24-hour available telephone number and house rules.
  7. All **Certificates of Insurance** issued since last approval.
  8. Written **Verification of Tax Payments**. The written verification shall be the State of Hawaii Department of Taxation, Form A-6, "Tax Clearance Application."
  9. A detailed **Compliance Report** with each approval condition listed, along with a response on how each condition has been fulfilled, as per MCC, Section 19.65.070(B).
  10. An electronic copy in PDF format of the completed application packet on a compact disk or flash drive.

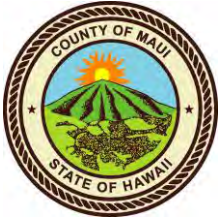
**Additional documents required if property is located within the State Land Use Agricultural District and a State Land Use Commission Special Use Permit was also granted for the STRH operation.**

10. A letter which included the permit number requesting a renewal of the SUP2 Permit for the same time period as your STRH renewal (from one to five years).
11. Photos of agriculture verifying that the farm plan continues to be implemented. If the onsite agriculture has changes, the Farm Plan will need to be amended.
12. A completed application and filing fee for a re-verification of onsite agriculture. The application can be accessed here: <https://www.mauicounty.gov/DocumentCenter/View/118412/Farm-Plan-Review>

**IMPORTANT NOTE: Please keep a copy of all submitted items for your records.**

## STRH PERMIT RENEWAL APPLICATION

STRH & PROPERTY INFORMATION			
STRH Name <i>(include all other previous names):</i>	Permit No.:	Existing Permit Expiration Date:	
Physical Address/Location of Project:			
Tax Map Key:	# Dwellings for STRH:	# STRH Bedrooms:	
Structure(s) Being Used for STRH (check appropriate box):			
<input type="checkbox"/> Main	<input type="checkbox"/> Accessory	<input type="checkbox"/> Both Main & Accessory	
Additional Location Information:			
PROJECT CONTACT INFORMATION			
PERMIT HOLDER INFORMATION			
Permit Holder's Name:		Email:	
Mailing Address:			
Phone Number(s):	(bus)	(home)	(mobile) (fax)
Signature:		Date:	
PERMIT HOLDER INFORMATION <i>(if additional applicants exist, submit info. on separate page)</i>			
Permit Holder's Name:		Email:	
Mailing Address:			
Phone Number(s):	(bus)	(home)	(mobile) (fax)
Signature:		Date:	
MANAGER INFORMATION <i>(submit pg. 4: STRH Manager Designation Form, if manager has changed)</i>			
Manager's Name:		Email:	
Mailing Address:			
Phone Number(s):	(bus)	(home)	(mobile) (fax)
CONSULTANT INFORMATION			
Consultant's Name:		Email:	
Mailing Address:			
Phone Number(s):	(bus)	(home)	(mobile) (fax)
Signature:		Date:	



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SHORT-TERM RENTAL HOME (STRH) PERMIT  
**MANAGER DESIGNATION FORM**

Please print legibly or type in the information below.

**SHORT-TERM RENTAL HOME NAME, PROPERTY, & PERMIT INFORMATION**

Name of Short-Term Rental Home: \_\_\_\_\_  
 Tax Map Key No: \_\_\_\_\_ Permit Number: ST \_\_\_\_\_ - \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Applicant/Permit Holder's Name: \_\_\_\_\_

**MANAGER DESIGNATION**

**Manager Contact Information:**  
 Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Residence/Business Address within 30-driving miles: \_\_\_\_\_  
 24-Hour Phone Number(s): bus \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_ fax \_\_\_\_\_

**Eligibility Requirements (Check all that apply.):**

I am the Applicant/Permit Holder.  
 I am an immediate adult family member. Relationship: \_\_\_\_\_  
 I hold an active State of Hawaii real estate license. License #: \_\_\_\_\_  
 I am an adult who will serve temporarily less than forty-five (45) days per year (Note: temporary managers may not serve as the initial manager).  
 \_\_\_\_\_

**Minimum Manager Responsibilities (19.65.030(G)(F))** The manager of the short-term rental home shall:

1. Be accessible to guests, neighbors, and County agencies. For purposes of this section, "accessible" means being able to answer the telephone at all times, being able to be physically present at the short-term rental home within one hour following a request by a guest, a neighbor, or a County agency, and having an office or residence within thirty driving miles.
2. Ensure compliance with state department of health regulations, this chapter, permit conditions, and other applicable laws and regulations;
3. Enforce the house policies; and
4. Collect all rental fees.

**Tenure:**  
 Permanent Designation       Temporary Tenure, From: \_\_\_\_\_ To: \_\_\_\_\_

**Designation and Acceptance:**

Applicant/Permit Holder's Designation: _____ Signature _____ Date _____	Manager's Acceptance: _____ Signature _____ Date _____
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