

COUNTY OF MAUI
DEPARTMENT OF PLANNING
2200 MAIN STREET, SUITE 619
WAILUKU, HI 96793
(Office) 270-8205 (Fax) 270-1775
email: 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

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

- [Title 19, Zoning](#), Maui County Code (MCC), as amended and as pertains to property's zoning district.
- [Chapter 19.65, MCC, Short-Term Rental Homes](#).

Copies can be obtained at the Department of Planning (Department) at 2200 Main Street, Suite 619 in Wailuku or downloaded at www.municode.com/library/hi/maui_county/codes/code_of_ordinances.

A PDF fillable version of this application may also be downloaded from the [Planning Department, Permit and Development Applications](#), portion of the County's website at: www.mauicounty.gov.

II. PURPOSE

The purpose of the short term rental home (STRH) permit renewal is to maintain appropriate restrictions and standards for permitted short term rental homes; allow for varied accommodations and experiences for visitors 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 land use laws.

III. APPLICATION CONTENTS

The application contains the following documents:

1. Sources of authority, purpose, application contents, 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

Upon completion of a completed STRH renewal application, the Department of Planning (Department) will review to determine whether the required submittals are adequate and may ask for 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. The Department will follow-up with the Maui Police Department for verification of compliance. A site visit may be required, and the property must be made available for inspection.

When the Department has verified all of the above, and determines there are no recorded complaints, the STRH permit may be approved initially for a two (2)-year time extension. Subsequent permit renewals may be granted by the director for up to five (5) years on Maui and Lanai and one (1) year on Molokai.

V. NOTICE REGARDING SUBMITTING FALSE OR MISLEADING INFORMATION

In addition to any enforcement action pursuant to section 19.530.030 MCC, any misrepresentation(s) on this application or during the initial or time-extension application process shall result in a denial or revocation of a STRH Permit, which would also prohibit reapplication within two (2) years from the date of denial or revocation.

VI. PERMIT RENEWAL CHECKLIST

1. A **non-refundable filing fee**. Checks shall be made payable to the County of Maui, Director of Finance. The fee structure and amounts are found in the County of Maui current-fiscal-year fee schedule located at: [Table B, Fee Schedule](#).
2. Submit a completed and signed **Short-Term Rental Home (STRH) Permit Renewal Application** (Page 3).
3. Submit a completed and signed **STRH Permit Manager Designation Form, if the manager has changed** (Page 4).
4. Completed **STRH Permit Renewal Checklist** (Page 2).
5. Signed **statement of compliance** with all conditions of the STRH permit and Chapter 19.65, MCC, signed by the permit holder and manager, if applicable (see below):

I certify that the STRH operation permitted under _____ is in compliance with all
(permit number)
conditions of permit. I further acknowledge that non-compliance can result in permit revocation.

Applicant:

Printed Name

Signature

Date

AND

Manager, if not applicant:

Printed Name

Signature

Date

6. If this is your first renewal, please submit proof of the neighbor mailing notifying adjacent properties of the permit number, manager name and 24-hour available telephone number and house rules.
7. Provide written verification of tax payments when filing a renewal request. The written verification shall be the State of Hawaii Department of Taxation, Form A-6, "Tax Clearance Application."
8. Submit an electronic copy in PDF format of the completed application packet on a compact disk or flash drive.

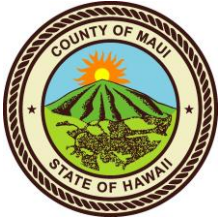
Additional documents required if property is located within the State Land Use Agricultural District and a State Land Use Commission Special Use Permit was also granted for the STRH operation.

9. A letter which included the permit number requesting a renewal of the SUP2 Permit for the same time period as your STRH renewal (up to two-years for the first renewal then up to five years).
10. Photos of agriculture verifying that the farm plan continues to be implemented.

IMPORTANT NOTE: Please keep extra copies of all submitted items for your records.

SHORT-TERM RENTAL HOME (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:	



COUNTY OF MAUI
DEPARTMENT OF PLANNING
 2200 MAIN STREET, SUITE 619
 WAILUKU, HI 96793
 (Office) 270-8205 (Fax) 270-1175
 email: planning@mauicounty.gov

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	_____