



COUNTY OF MAUI  
DEPARTMENT OF PLANNING  
2200 MAIN STREET, SUITE 619  
WAILUKU, HI 96793  
(Office) 270-8205 (Fax) 270-1775  
email: [planning@mauicounty.gov](mailto:planning@mauicounty.gov)

Application packet for  
**BED AND BREAKFAST HOME**  
**PERMIT RENEWAL**

BB1, BB2, BB3, BBLA, BBMO  
BBHA, BBKM, BBMP, BBPH, BBWK, BBWM

## I. SOURCES OF AUTHORITY

---

The sources of authority for a **Bed and Breakfast (B&B) Home Permit** are listed below:

- Maui County Code, [Title 19, Zoning](#), as amended.
- Maui County Code, [Chapter 19.64, Bed and Breakfast Homes](#). (Ord. No. 3611, § 4, 12-19-2008)  
(Ord. 2609 § 8 (part), 1997)

Application copies can be obtained at the Planning Department at 2200 Main Street, Suite 619 in Wailuku. A PDF form-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](http://www.mauicounty.gov).

## II. PURPOSE

---

The purpose of the B&B home permit renewal is to maintain appropriate restrictions and standards for B&B homes; allow homeowners who live on the property an opportunity to participate and benefit from tourism; to provide an alternative visitor experience and accommodation to the resort and hotel accommodations currently existing in the County; and to retain the character of the neighborhoods in which any B&B home is located.

## III. APPLICATION CONTENTS

---

This 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. B&B Home Permit Renewal Application (pg 3)
4. Notarized Certification of Owners Primary Residence (pg 4)

## IV. PROCESSING PROCEDURES

---

Upon submittal of a completed B&B home permit 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 bed and breakfast operation is in compliance with all the restrictions, standards, and conditions of the existing permit, and all other applicable federal, state, and local laws.

The Department may ask the applicant for additional copies of their renewal application and all submitted content to send to other government agencies for their review and verification of compliance. At least one site visit may be conducted and all rooms in the B&B home and property shall be available and shown.

When the Department has verified all of the above and all agency comments have been complied with, the B&B permit may be renewed for one to five years, depending on the specifics of each B&B operation.

## 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 B&B permit, which would also prohibit reapplication within two (2) years from the date of denial or revocation.

# CHECKLIST OF REQUIRED SUBMITTALS

## Bed and Breakfast Permit Renewal

- The following documents in this application shall be completed and submitted at the time of application submittal. Incomplete applications may be returned or delay their 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 fee structure and amounts are found in the County of Maui current fiscal-year [Fee Schedule, Bed & Breakfast Permits](#).
  - 2. Submit a completed and signed **Bed and Breakfast Permit Renewal Application**. (pg 3)
  - 3. Completed **B&B Permit Renewal Checklist**. (this page, pg 2)
  - 4. Completed, signed and notarized **Certification of Owners/Lesseees Continued Primary Residence** (pg 4).
  - 5. Submit continued **Proof of Residency**, showing that the owner(s)/lessee(s) who is/are operating the bed and breakfast home is/are still a resident of the County of Maui (Examples: Voter Registration, Drivers License, or Income Tax documents).
  - 6. Submit a copy of the **Real Property Tax Assessment**, showing that there are no real property tax exemptions.
  - 7. Provide written **Verification of Tax Payments**. The written verification shall be in the form of a stamped State of Hawaii Department of Taxation, Form A-6, "Tax Clearance Application".
  - 8. Signed statement of compliance with all conditions of the B&B permit and Chapter 19.64, MCC, signed by the permit holder and manager, if applicable (see below):

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

**Applicant:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 B&B operation.**

- 9. A letter which included the permit number requesting a renewal of the SUP2 Permit for the same period as your B&B 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.**

## BED AND BREAKFAST (B&B) PERMIT RENEWAL APPLICATION

B&B & PROPERTY INFORMATION			
B&B Name <i>(include all other previous names):</i>	Permit No.:	Existing Permit Expiration Date:	
Physical Address/Location of Project:			
Tax Map Key:	# Dwellings for B&B:	# B&B Bedrooms:	
Structure(s) Being Used for B&B (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)	(hm)	(cell) (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)	(hm)	(cell) (fax)
Signature:		Date:	
OWNER INFORMATION			
Manager's Name:		Email:	
Mailing Address:			
Phone Number(s):	(bus)	(hm)	(cell) (fax)
CONSULTANT INFORMATION			
Consultant's Name:		Email:	
Mailing Address:			
Phone Number(s):	(bus)	(hm)	(cell) (fax)
Signature:		Date:	

**NOTARIZED CERTIFICATION  
OWNERS/LESSEES CONTINUED PRIMARY RESIDENCE**

I/WE \_\_\_\_\_ as the \_\_\_\_\_ of the property located at \_\_\_\_\_  
(Name of applicants(s)) (Owner or Lessee)  
\_\_\_\_\_, Tax Map Key No: \_\_\_\_\_,  
(Address of property) (TMK)

certify that my/our primary residence within the County of Maui has been at the above-referenced location for the duration of our existing bed and breakfast home permit, that I/we will continue to operate the bed and breakfast home, and continue to live on the same property as the single-family dwelling unit(s) used as the bed and breakfast home, for as long as the bed and breakfast is in operation.

\_\_\_\_\_  
(Signature of Applicant(s))

\_\_\_\_\_  
(Printed Name of Applicant(s))

STATE OF HAWAII                    )  
  )  
  )        SS.  
COUNTY OF                            )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable in the capacities shown, having been duly authorized to execute such instrument in such capacities.

\_\_\_\_\_  
NOTARY PUBLIC, State of Hawaii.  
Print Name \_\_\_\_\_  
My commission expires: \_\_\_\_\_

<b>NOTARY PUBLIC CERTIFICATION</b>	
Doc. Date: _____	# Pages: _____
Notary Name: _____	Judicial Circuit: _____
Doc. Description: _____	
_____	
_____	
_____	
Notary Signature: _____	
Date: _____	[Stamp or Seal]