



COUNTY OF MAUI  
DEPARTMENT OF PLANNING  
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Application packet for  
**BED AND BREAKFAST HOME**  
**PERMIT RENEWAL**  
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 (MCC), [Title 19, Zoning](#), as amended.
- MCC, [Chapter 19.64, Bed and Breakfast Homes](#). (Ord. No. 3611, § 4, 12-19-2008)  
(Ord. 2609 § 8 (part), 1997)  
(Ord. 4936 § 6 (part), 2018)

Application copies can be obtained at the Planning Department (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 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 MCC, Section 19.530.030, any misrepresentation(s) on this application or during the application process shall result in a denial or revocation of a B&B permit, which would also prohibit reapplication within two years from the date of denial or revocation.

## ***B&B Permit Renewal Application Checklist***

- 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.
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- 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/Lessees 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 living on property (Examples: Voter Registration, Drivers License, or Income Tax documents).
  - 6. If you have not submitted them, all **Certificates of Insurance** issued since last approval.
  - 7. Submit a copy of the **Real Property Tax Assessment**, showing that there are no real property tax exemptions.
  - 8. 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."
  - 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 19.64.060.

**Additional documents required if property is located within the State Land Use Agricultural District and a State Land Use Commission Special Permit (SUP2) was also granted for the B&B operation.**

- 10. 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).
- 11. Photos of agriculture verifying that the farm plan continues to be implemented. If the onsite agriculture has changed, the Farm Plan will need to be amended.

## 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)
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)
Signature:		Date:
Owner Information		
Owner's Name(s):	Email:	
Mailing Address:		
Phone Number(s):	(bus)	(hm)
Signature:		Date:
Consultant Information		
Consultant's Name:	Email:	
Mailing Address:		
Phone Number(s):	(bus)	(hm)
Signature:		Date:

