



COUNTY OF KAUA'I DEPARTMENT OF PLANNING

ADDITIONAL RENTAL UNIT (ARU) (Permitting Information & Instructions)

○ **CHECK YOUR DEED FOR RESTRICTIONS ON DEVELOPMENT**

Please check BEFORE you apply for your ARU Permit. Please be cognizant that there are some lots that may qualify for an ARU, but are subject to private restrictions or covenants that prohibit a second dwelling on the parcel. The ARU Ordinance does not supersede these restrictions. **COMPLAINANCE IS YOUR RESPONSIBILITY**. If you violate a deed restriction by building and ARU on your parcel, your neighbors could initiate legal measures to enforce the restriction and may result in forfeiture & removal of the ARU.

○ **PROHIBITED**

1. Any property not within the Residential Zoning District.
2. Any property west of the Hanalei River.

○ **PLOT PLAN**

A Plot Plan that is drawn to scale SHALL be submitted with clearance form for all government agencies to review. The Plot Plan SHALL be 8-1/2" X 14" in size (legal sheet) and identify the following:

1. All **legal boundary lines** of the lot;
2. All **existing structures or improvements**, including cesspool(s), sewage disposal system(s), driveways, concrete slabs, etc.;
3. The **location** of the Proposed ARU and its approximate **size**;
4. The **roadway(s)** being proposed for access IF the property abuts more than one (1) street; and
5. The **location of one required additional parking stall** to accompany the ARU, and the existing two (2) parking stalls for the existing residence.

○ **PROCESS**

The Applicant shall start with the Planning Department and return the completed form to the Planning Department after all the agencies have signed UNLESS an agency had determined that the property does not qualify for an ARU.

○ **QUALIFYING REQUIREMENTS**

DEVELOPMENT STANDARDS/CONDITIONS [Per Section 8-30.1(a)]

1. Maximum Total Floor Area = **800 square feet (SF)**. Total Floor Area shall include the overall interior space AND attached accessory structures such as garages & storage areas.
2. Off-Street Parking: One (1) parking stall per ARU.
3. The ARU will not be subjected to a separate Condominium Property Regime (CPR), pursuant to HRS Chapter 514A or 514B.
4. The ARU shall be used for long-term rental, minimum 6-month period.
5. The ARU will not be utilized for transient accommodations, including but not limited to a Homestay OR Transient Vacation Rental (TVR)

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There may be conditions imposed by the reviewing agencies to enable the Applicant to qualify for an ARU. It shall be the Applicant’s responsibility to resolve these conditions/requirements with the respective agency(ies) BEFORE proceeding to the next reviewing agency, except the Department of Public Works.

○ **INTENT OF CLEARANCE FORM**

This clearance form is to determine whether a property QUALIFIES for an ARU. THERE MAY BE INSTANCES WHEN A PARCEL DOES NOT QUALIFY for whatever reasons specified. Due to the provisions of the ARU law, government agencies **cannot** deviate from this law.

○ **ARU ORDINANCE**

Please note that copies of the Additional Rental Unit ordinance (Ord. No. 1026) as well as Chapter 8 of the County of Kaua‘i Code (Comprehensive Zoning Ordinance, aka. CZO), with amendments, can be obtained and purchase at the County Clerk’s Office or available online.

Please be aware that the construction of the ARU shall comply with the requirements setforth in Article 30 of the Comprehensive Zoning Ordinance (CZO), as amended.

○ **APPLICABLE FEES**

Upon the successful completion of the ARU Clearance Form, and upon application for building permit for the ARU, the following fees shall be collected by the Planning Department:

1. Class I Zoning Permit fee of **thirty dollars (\$30.00)**;

THE ABOVE FEES SHALL BE PAID and made payable to the “*County of Kaua‘i, Director of Finance.*”

○ **SITE INSPECTION**

If necessary, the Planning Department may conduct field investigation in order to verify the accuracy of the plot plan. Staking out the proposed structure may be required.



DEPARTMENT OF PLANNING

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FACILITIES CLEARANCE FORM

(TO BE COMPLETED BY THE APPLICANT)

APPLICANT(S): Print _____	Signature _____	
Print _____	Signature _____	
PHYSICAL ADDRESS OF PROPERTY: _____		
TMK: _____	LOT SIZE: _____	STREET FRONTING ADU: _____
CONTACT PHONE NO. _____	MAILING ADDRESS: _____	
PROPOSED: <input type="checkbox"/> One Rental Unit <input type="checkbox"/> Guest House Conversion <input type="checkbox"/> Other:		

(TO BE COMPLETED BY REVIEWING AGENCIES)

PLANNING DEPARTMENT USE ONLY		
ZONING: R- _____	SLUD: _____	
COMMENTS: _____		SMA: <input type="checkbox"/> YES <input type="checkbox"/> NO
_____		_____
_____		Planning Department Date

DEPARTMENT OF PUBLIC WORKS (DPW)		
Street Name: _____	Paved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Pavement Width: _____ Ft.
Pavement continuous to Major Thoroughfare: _____	Pavement Condition: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
(NOTE: If roadway is not paved, or pavement is not continuous to a Major Thoroughfare, or funds are not specifically appropriated in the CIP budget, refer Applicant to the Planning Department)		
Flood Zone: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional 10% lot coverage allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____		Engineering Division Date

STATE DEPARTMENT OF HEALTH (DOH)		
Sewer System:	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> INDIVIDUAL WASTEWATER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE	
COMMENTS: _____		

_____		Department of Health Date

FIRE DEPARTMENT		
Fire Protection Available:	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, fire protection is: <input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE	
COMMENTS: _____		

_____		Fire Department Date

DEPARTMENT OF WATER (DOW)

Water System: PRIVATE PUBLIC

NOTE: Applicable charges must be paid PRIOR to building permit approval. At the present time, these charges are:

Facilities Reserve Charge \$ _____ Water Meter Installation \$ _____ (Upon Request)

Requirements/Conditions for approval are subject to change.

COMMENTS: _____

_____ Department of Water Date

PLANNING DEPARTMENT USE ONLY

Street Name: _____ Existing Width: (FT.) _____ Required Width: (FT.) _____

Dedication: (FT.) _____ Reserve: (FT.) _____ Not Applicable

Road Improvements Required: YES NO If YES, please specify:

Clearance Form Is Certified Complete as the following has been completed:

- 1. Every signature blank on this form has been signed by each respective agency or Department YES NO
- 2. Applicant has signed attached affidavit. YES NO

COMMENTS: _____

_____ Planning Department Date



AFFIDAVIT FOR ARU FACILITY CLEARANCE FORM

Department of Planning

_____ having been duly sworn on oath, deposes and says:

Owner Name (s)

1. I am (we are) the Owner(s) of the property described as Tax Map Key No. (4)-
_____ for the attached ARU Facility Clearance Form.
2. I (we) hereby verify that there are no restrictions or covenants applicable in any deed, lease, declaration, instrument or writing affecting the use of the lot (or portion thereof).
3. I (we) fully understand that completion of the subject ARU Facilities Clearance Form or previously approved clearance form does not guarantee or vest any right to a building permit, and that all conditions and requirements in existence at the time of building permit application shall be met before a building permit can be issued.
4. I (we) fully understand the provisions of Ordinance No. 1026, adopted by the County of Kaua'i on March 19, 2018, which states that
5. In the event of a sale, transfer, or other conveyance of all or any portion of the property identified on this form, I (we) shall require, as a condition precedent to such sale, transfer, or conveyance, future owner(s) to execute a new affidavit(s) for the ARU Clearance form prior to the sale, transfer, or other conveyance of the subject property.

Further Affiant sayeth naught.

Owner(s)

In the even the subject lot is subject to a Condominium Property Regime (CPR) I (we) have attached to this affidavit a resolution, authorization, or other document from all persons with interest in the subject lot meeting the satisfaction of the Planning Director that shows that I (we) are allowed to construct or place an Additional Rental Unit on the subject lot.

STATE OF HAWAI'I)
) ss.
COUNTY OF KAUAI)

On this day of _____, before me personally
appeared _____

To me known to be the persons described in and who subscribed and sworn to before me in the Fifth
Circuit of the State of Hawai'i, acknowledged that he/she executed the same as his/her free act and
deed.

Notary Public, State of Hawai'i

My commission expires _____

Document Date: _____

of pages: _____