

INVESTIGATION REPORT

PROJECT: TVNC-4291, Pohaku
TMK: (4) 5-8-008:021
ADDRESS 4445 Alamo'o Road
OWNER: Thomas Brooks

FINDINGS

DESCRIPTION OF PROPERTY

- The TVR Registration and NCU Form application for the subject Single Family Residence is located at 4445 Alamo'o Rd., TMK: (4) 5-8-008:021
- It is County Zoned R-4 with the State Land Use Urban.
- The subject property is 7705 Sq. Ft. with a SFR.

BACKGROUND AND HISTORY

The applicant (Thomas Brooks) filed a completed application on 1/18/2008, (under Ord. 864) including copies of the:

- GE and TAT license;
- site plans, floor plans, building sections and elevations stamped by a licensed architect/engineer;
- "For the Safety and Comfort of You and Your Neighbors" receipts for various stays.

Upon receiving an application for a Non-Conforming Use Certificate to continue Transient Vacation Rental operations, the Planning Department conducted a routine field inspection of the subject property on 1/14/2009 and has been recorded on the TVR Log, however no records of inspection and or inspection report has been found. Application was considered denied on March 30, 2009.

TVR REGISTRATION AND NCU FORM APPLICATION REVIEW

A completed application filed on 5/10/11 by applicant Thomas Brooks and received by Inspector Balisacan for TMK: (4)5-8-008:021, (attached). The application is logged and received registration # "TVNC-4291". Also the required are attached:

- Copies of the GE and TAT license as required (attached).

- As required, literature entitled "For the Safety and Comfort of You and Your Neighbors" (attached).
- As required, "Transient Vacation Rental Affidavit Of" form (attached).
- As required, "deposits for reservations by transient guests and reservation lists, and receipts showing payment" (attached).
- As required, "site plans, floor plans, building sections and elevations stamped by a licensed architect/ engineer" (attached).

A TVR application and Parcel research was done by Inspector Balisacan.

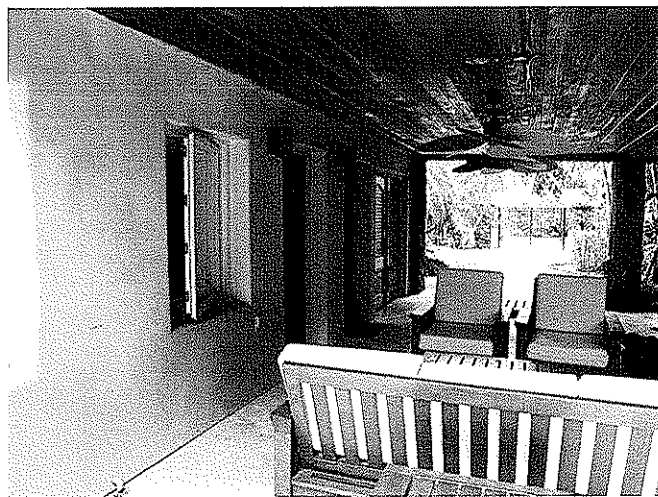
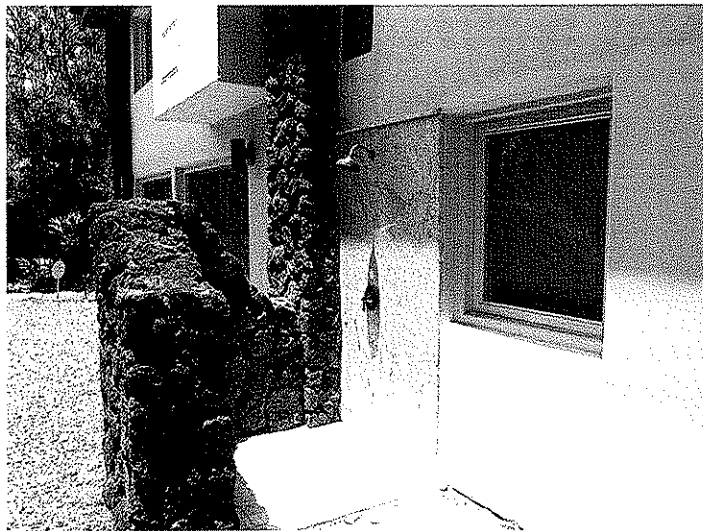
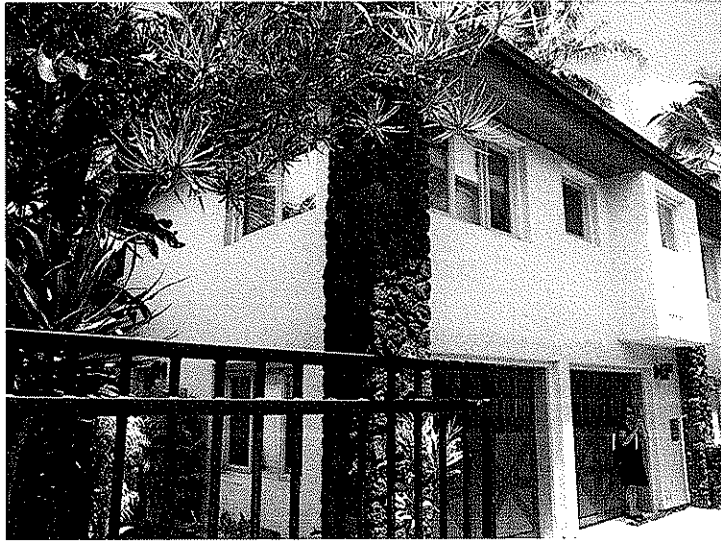
- According to Real Property Dwelling Information the subject SFR (B-769-3-77) was built in 1977 .
- An Enclosed Ground Floor (Den and Bedrm) was built in 1978.
- Re-roof (R10003498) in 1993.
- Repairs (Z-1005-06) in 2006.
- Porte Crochere (Z-235-08) in 2008.

On 8/3/11 a TVR application inspection was conducted by Inspector Balisacan. Pictures taken of inspection (attached).

CONCLUSION AND RECOMMENDATION

Based on the applicants prior use as a vacation rental and permit history it is recommended that the Nonconforming Use Certificate (**TVNC-4291, Pohaku, TMK: (4) 5-8-008:021**) should be issued and the use continued pursuant to Section 8-17.

By _____
Vill Balisacan
TVR Inspector



Bernard P. Carvalho, Jr.
Mayor



Michael A. Dahilig
Director of Planning

COPY

Gary K. Heu
Managing Director

Dee M. Crowell
Deputy Director of Planning

PLANNING DEPARTMENT
County of Kaua'i, State of Hawai'i

4444 Rice Street, Suite A-473, Lihu'e, Hawai'i 96766
TEL (808) 241-4050 FAX (808) 241-6699

DEC 09 2011

CERTIFIED

Thomas Brooks
31011 Hamilton Trail
Trabuco Canyon CA 92679

SUBJECT: Issuance of NCU Certificate **TVNC #4291**
Tax Map Key (4)5-8-008;021, Hanalei, Kauai
Thomas Brooks, applicant

After review of your transient vacation rental Non-Conforming Use application, conditional approval is hereby granted. The certificate number is referenced above, and must be reflected in your outdoor sign as required by Sec. 8-17.8 (b) (3). This Non-Conforming Use certificate is approved pursuant to the following conditions:

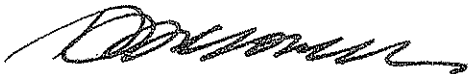
1. This certificate is not evidence of compliance with any and all pertinent zoning and use regulations of the County of Kauai;
2. This certificate does not vest any rights for any subsequent annual renewal of the certificate or inspection of the property by the Planning Department and/or any other government agency as may be necessary;
3. The owner or lessee who has obtained a non-conforming use certificate under this section shall apply to renew the NCU certificate annually on the date of issuance of the NCU certification. Application Forms can be found online at www.kauai.gov
4. Any subsequent use, development, repair and/or Planning Department review and approval prior to
5. Prior to renewal of this certificate, applicant/owner County of Kaua'i, Department of Public Works Department that the proposed use/structure standards/requirements.
6. This approval for the use of the Transient Vacation Rental (TVR) use must be complied with. The remedy prior to any consideration for renewal of this certificate

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

An Equal Opportunity Entity

The property and operation is subject to the applicable provisions of Section 8-17 of the Kauai County Code, in particular those provisions adopted by ordinance No. 864, 876 and/or 904. Section 8-17.11 (a) also states the following: "Violations of conditions of approval or providing false or misleading information on the application or in any information relating thereto at any time during the application process shall be grounds for revocation or cease and desist orders."

Should there be any questions relative to the above, please call inspector Vill Balisacan of my staff at 241-4050:

A handwritten signature in black ink, appearing to read "Dee M. Crowell", with a stylized, flowing script.

DEE M. CROWELL
Deputy Director of Planning

ORIGINAL

Kaua'i
Department

NCU # _____
Operation Name POHAKU

TRANSIENT VACATION RENTAL AFFIDAVIT OF

THOMAS BROOKS

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

I, THOMAS BROOKS, being first sworn upon oath, deposes and says:

1. My name is, THOMAS BROOKS and I make this affidavit based on my personal knowledge.
2. I am the owner of the property identified as TMK: (4)5-8-008-021 with a mailing address of 31011 Hamilton Trail, Trabuco Canyon CA 92679
3. I have operated a transient vacation rental(s) on the property since 2006 under the business name of THOMAS BROOKS
4. My State of Hawai'i General Excise Tax license number is W01853670-01 and I have paid General Excise and Transient Accommodation Taxes in accordance with State Law during the period(s) the Transient Vacation Rental was in operation.
5. Building permit number(s) 10438 (SFR) and 6-939 (repairs) were approved on 3/22/77 and 4/25/07 for all structures on the property and there were no expansions, alterations, improvements, or uses contrary to State and County land use and planning laws.
6. There were X were not any legal expansions or improvements made on the property after March 7th 2008. Improvements and expansions took place under the following permits _____.

County of Kaua'i
Planning Department

NCU # _____
Operation Name _____

7. My property is _____ is not X located on State Land Use District
("SLUD") Agricultural and I am applying for a special permit pursuant Hawai'i Revised
Statutes 205-6. If the property is on SLUD Agricultural lands initial the applicable item:

a. _____ I had, prior to March 7, 2008, a registered agricultural
dedication pursuant to the guidelines set forth in the County of Kaua'i's Department of
Finance Real Property Tax Division Agricultural Dedication Program Rules.

b. _____ I had, prior to March 7, 2008, a bona fide agricultural
operation shown by State General Excise Tax Forms and/or Federal Tax Income Form.
1040 Schedule F filings.

c. _____ I did not qualify for a County of Kaua'i agricultural
dedication due to my property's size, shape, topography, location, surroundings, or
other circumstances.

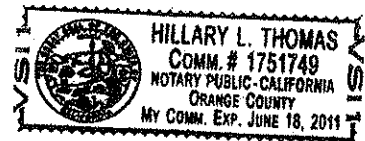
FURTHER AFFIANT SAYETH NAUGHT.

Thomas J. Brooks
Name: Thomas Brooks

WITNESS my hand and official seal.

Hillary L. Thomas 4-12-2011
Notary Public, State of CALIFORNIA Date

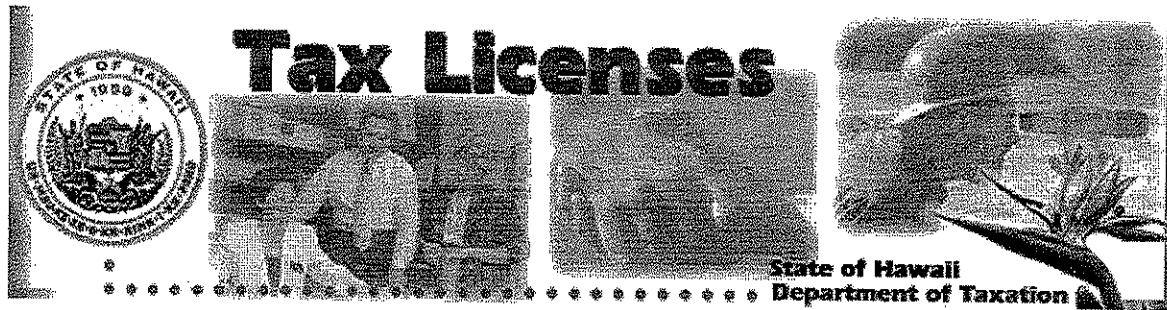
My commission expires: 6-18-2011



Doc. Date: 4-12-2011 # Pages _____

Notary Name: HILLARY L. THOMAS 5th Circuit

Doc. Description: Transient Vacation Rental Affidavit



Search Details

Taxpayer Name:	THOMAS J. BROOKS
DBA Name:	
Taxpayer ID:	W01853670-01
Former Taxpayer ID:	N/A
Business Location:	
Tax Type:	General Excise and Use
Tax Status:	Open
Business Began:	06/01/2006
<-Back New Search->	

Last Updated on 09/08/2010

Copyright 2000 State of
Hawaii, Department of Taxation

[Hawaii State homepage](#) || [Department of Taxation](#)

77-011

A circular professional seal for a Licensed Professional Architect. The outer ring contains the text "MATTHEW S. SOTO" at the top and "HAWAII U.S.A." at the bottom. The inner circle contains the text "LICENSED PROFESSIONAL ARCHITECT" and "No. 9103".

PLACE
TE

LACE
E

EXISTING LANAI
ABOVE

FLOOD ZONE

REPLACE EXISTING FENCE
WITH NEW FENCE

NEW STONE PILASTERS
BEHIND BAR PANELS

REPLACE EXISTING GATES
BEACHSIDE BL-019
GATES

74'-8"

T.M.K. 5-08-008:21
7705 sq. ft.

REPLACE
GATE

1'-0" TYPICAL SETBACK

6/13/08

SITE PLAN
AND
FIRST FLOOR PLAN

SCALE 1/8" = 1'-0"

BROOKS 5-8-08:21

APP'D PLANS

COUNTY OF MAUI
DEPARTMENT OF PLANNING
DIVISION OF ZONING
RECEIVED
7/13/08

SCOPE OF WORK
EXTERIOR
REPLACE EXISTING ROOFING WITH COMPOSITION ROOFING
REPLACE DOORS AND WINDOWS
COVER EXISTING SIDING WITH EXTERIOR FINISH SYSTEM

INTERIOR
REMOVE EXISTING DRYWALL
INSTALL NEW INSULATION
REPLACE EXISTING WIRING AS REQUIRED
REPLACE DRYWALL AND PAINT
INSTALL NEW CABINETS
REPLACE FLOORING

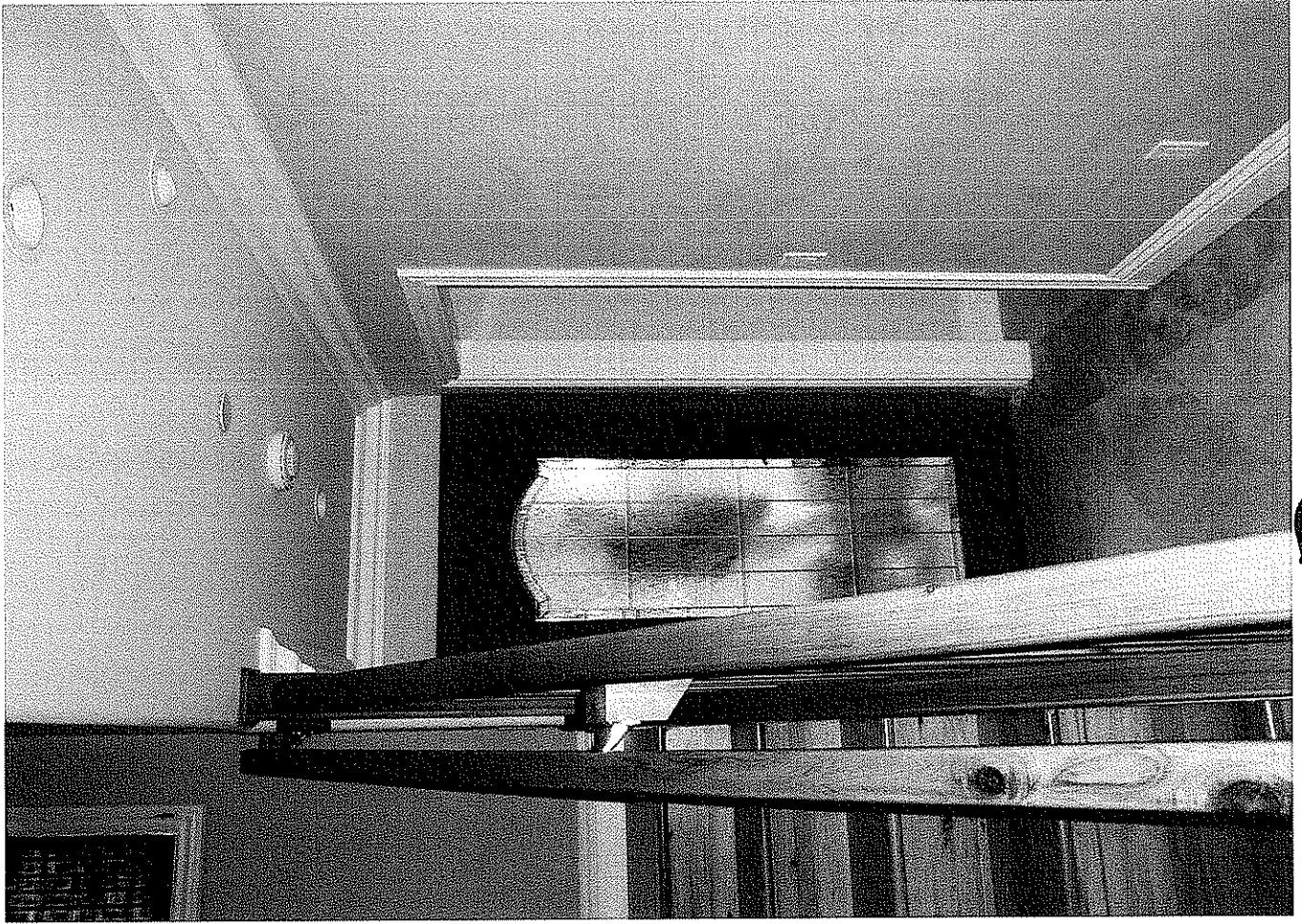
70'-0"

REPLACE EXISTING
1. EXISTING ROOFING
2. EXISTING SIDING
3. EXISTING DOORS AND WINDOWS
4. EXISTING CABINETS
5. EXISTING FLOORING

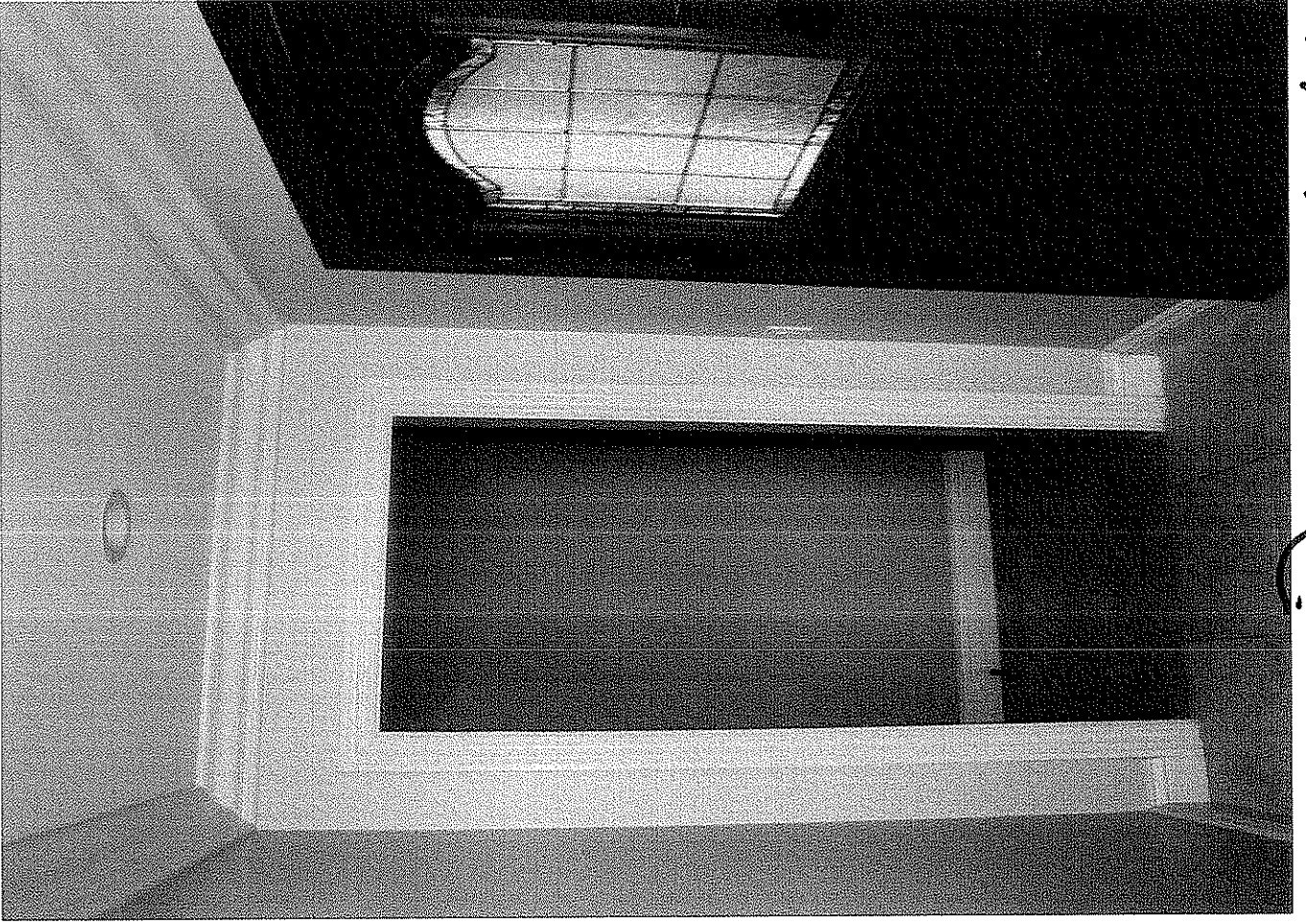
COUNTY OF MAUI
DEPARTMENT OF PLANNING
DIVISION OF ZONING
BUILDING PERMIT REVIEW
APPROVED
7/13/08

MATTHEW SCHALLER ARCHITECT INC
1000 KAHALA DRIVE, SUITE 100, KAHALA, HI 96731
PHONE: (808) 826-1699 FAX: (808) 826-6997

BROOKS



(A)



(B)

mic 5-8-08: 21

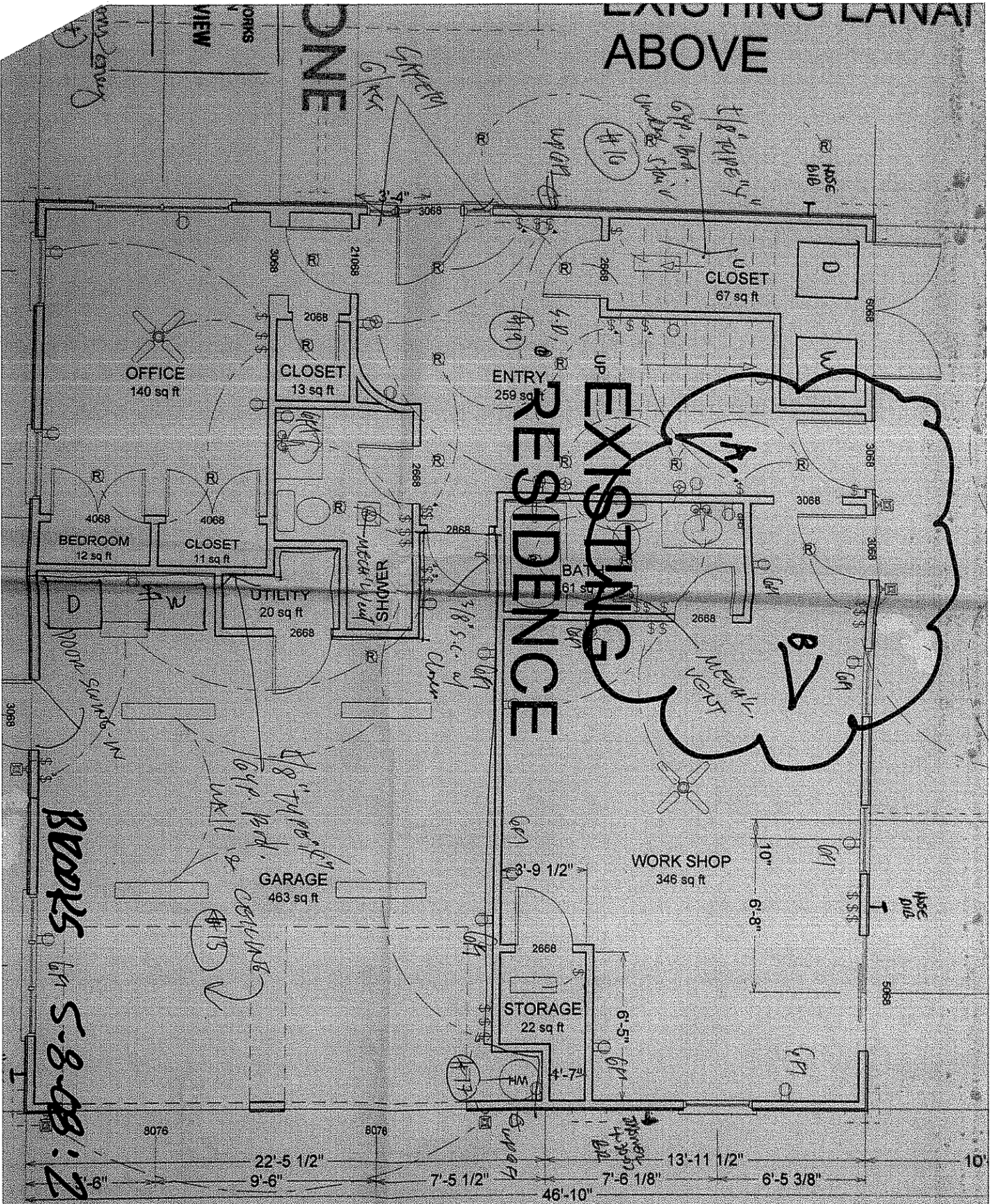
7/09/12 m

EXISTING

BATH

61 sq

RESIDENCE



Books

5-8-08: 21

770 T.M

INSTALL
REPLACE