

NCU RENEWAL FORM

COUNTY OF KAUAI
PLANNING DEPARTMENT
4444 RICE STREET SUITE A473
LIHUE, HI 96766
808-241-4050

For Government Use Only
Date Received 09/29/11 By _____
Date Approved _____ By _____
Fee \$150 # 51377 Date 10/7/11
OK

NON-CONFORMING USE CERTIFICATE # TVNC-1297

APPLICANT W. Bruce + Elizabeth Farnsworth

ADDRESS 7316 Alealea Haena Hi

mailing PO 780 Hanalei, Hi
96714

PHONE NO. _____

APPLICANT

- Owner
- New
- Lessee
- Number _____
- From _____

NOTE: *Lessee must have an unexpired and recorded lease of five (5) years or more from date of filing this application.

Sign: _____

Print: _____

COUNTY OF KAUAI
11 SEP 29 P3:03
PLANNING DEPT.

Authorized Agent - Attach Letter of Authorization.
Proprietor of TVR operation

Property Info

Tax Map Key S80090530000 Lot. No. _____ # of Buildings on CPR or Lot _____
Zoning: - SLUD _____ General Plan _____ County R-4

Information Update

Please provide updated information regarding the property or operation. Please complete and provide attachments even if information has not changed.
Establishment name Haena Hale
Description of Operation (no. of rooms, no. of units etc.) 1 house
3 bedrooms
G.E. License # W40107436-01 TAT License # W40107436-01

COUNTY OF KAUAI
PLANNING DEPARTMENT

No. 51377

(Official Receipt)

Received from Elizabeth Farnsworth 10/7/11
Lihue, Kauai, Hawaii

(\$ 150) DOLLARS

Deposit Covering NCH 2011

Application No. TVNC-1297

Check 112 Cash _____
Planning Director or his authorized agent

COUNTY OF KAUAI PLANNING DEPARTMENT

Inspections

To be initialed by Planning Dept. Staff

- The subject property has no violations
- The subject property was inspected on _____
- The property has the following violations _____
- _____
- _____
- _____

To be initialed by Planning Dept. Staff

- The Non conforming Use Certificate is revoked
- The Non conforming Use Certificate is renewed on _____ for a
 - A Single Family Vacation Rental outside the VDA
 - A single family vacation rental in the SLUD Ag district
 - A Single Family Transient Vacation Rental operating on a property or dwelling on the State or National Historic Register

Signature *Elizabeth Sansworth* Date *9-21-2011*
 Owner/Applicant

To whom it may concern:

I have been out of the country for 6 months for work so this is why this application is late.

EL

NCU RENEWAL FORM

COUNTY OF KAUAI
PLANNING DEPARTMENT
4444 RICE STREET SUITE A473
LIHUE, HI 96766
808-241-4050

For Government Use Only
Date Received 6.25-12 By _____
Date Approved _____ By _____
Fee \$150 \$52119 Date 6/29/12
OK #23507

NON-CONFORMING USE CERTIFICATE # #1297
APPLICANT COLDWELL BANKER BALI HAI KEMLY
ADDRESS PO Box 930
HAWALEI, HI 96714
PHONE NO. 808-826-8000

NOTE: *Lessee must have an unexpired and recorded lease of five (5) years or more from date of filing this application.

Sign: _____
Print: _____

APPLICANT IS: (check one)
 Owner of Property
 New Owner of Property
 Lessee of Property -
Number of Years Leased _____
From _____ to _____

Authorized Agent - Attach Letter of Authorization.
 Proprietor of TVR operation

Property Info

Tax Map Key 4-5-8-9-53 Lot. No. _____ # of Buildings on CPR or Lot _____
Zoning: - SLUD R-4 General Plan _____ County _____

Information Update

Please provide updated information regarding the property or operation. Please complete and provide attachments even if information has not changed.
Establishment name HALE HINA
7316 ALEALEA ROAD, HAWALEI, HI 96714
Description of Operation (no. of rooms, no. of units etc.) 3 BEDROOM
2.5 BATH SINGLE FAMILY
G.E. License # WD1404198-02 TAT License # W01404198-02
808-826-8000

COUNTY OF KAUAI
PLANNING DEPARTMENT

No. 52119

(Official Receipt)

Lihue, Kauai, Hawaii, 6/29/12
Received from Coldwell Banker
(\$ 150) DOLLARS
Deposit Covering NCU 2012
Application No. 1297
Check 23507 Cash _____
Planning Director
or his authorized agent

COUNTY OF KAUAI PLANNING DEPARTMENT
Inspections

To be initialed by Planning Dept. Staff

The subject property has no violations

The subject property was inspected on _____

The property has the following violations _____

To be initialed by Planning Dept. Staff

The Non conforming Use Certificate is revoked

The Non conforming Use Certificate is renewed on _____ for a

A Single Family Vacation Rental outside the VDA

A single family vacation rental in the SLUD Ag district

A Single Family Transient Vacation Rental operating on a property or dwelling on the State or National Historic Register

Signature _____

Owner/Applicant

Date _____

6/1/12

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. **APPLICANT INFORMATION:** (PLEASE PRINT CLEARLY)

Applicant's Name WB + Elizabeth Farnsworth
Address 7316 allalooa
City/State/Postal/Zip Code Haena, HI 96714
DBA/Trade Name _____

2. **TAX IDENTIFICATION NUMBER:**

HAWAII TAX ID # W 4 0 1 0 7 4 3 6 . 0 1

FEDERAL EMPLOYER ID #
(FEIN)

SOCIAL SECURITY # (SSN)

3. **APPLICANT IS A/AN:**

- CORPORATION
- INDIVIDUAL
- LIMITED LIABILITY COM
- Single Member LLC disre
- Subsidiary Corporation; et

4. **THE TAX CLEARANCE IS REQUIRED FOR:** (MUST CHECK AT LEAST ONE BOX)

- | | |
|---|--|
| <input type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE * |
| <input type="checkbox"/> REAL ESTATE LICENSE | <input type="checkbox"/> CONTRACTOR LICENSE |
| <input type="checkbox"/> FINANCIAL CLOSING | <input type="checkbox"/> BULK SALES** |
| <input type="checkbox"/> HAWAII STATE RESIDENCY | <input type="checkbox"/> PROGRESS PAYMENT |
| <input type="checkbox"/> SUBCONTRACT | <input type="checkbox"/> FEDERAL CONTRACT |
| | <input type="checkbox"/> PERSONAL |
| | <input type="checkbox"/> LOAN |
| | <input checked="" type="checkbox"/> OTHER <u>Vacation Rental</u> |

* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.

** ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

5. **NO. OF CERTIFIED COPIES REQUESTED:**

6. **SIGNATURE:**

Elizabeth Farnsworth 10-27-10
SIGNATURE DATE
Elizabeth Farnsworth
PRINT NAME PRINT TITLE: Corporate Officer

FOR OFFICE USE ONLY

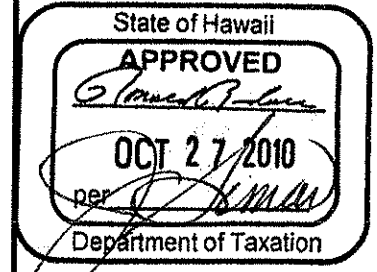
BUSINESS START DATE IN HAWAII

IF APPLICABLE
01 / 01 / 2008

HAWAII RETURNS FILED

IF APPLICABLE
20____ 20____ 20____

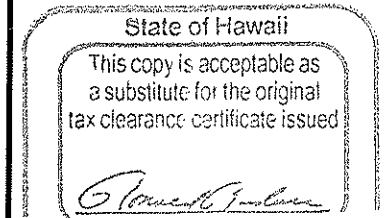
STATE APPROVAL STAMP
(Not valid unless stamped)



*IRS APPROVAL STAMP

NOT APPLICABLE

CERTIFIED COPY STAMP



1

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.
PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.