



COUNTY OF HAWAII  
DEPARTMENT OF FINANCE  
REAL PROPERTY TAX DIVISION

HILO – AUPUNI CENTER  
101 PAUHI ST., STE. 4  
HILO, HI 96720  
PHONE: (808) 961-8354

TAX MAP KEY/PARCEL ID					
ISLE	Z	S	PLAT	PARCEL	CPR
3					
EX:	1	2	345	678	0000

KONA – WEST HAWAII CIVIC CENTER  
74-5044 ANE KEOHOKALO HWY., BLDG. D, 2<sup>ND</sup> FLR.  
KAILUA-KONA, HI 96740  
PHONE: (808) 323-4881

## DEDICATED AGRICULTURAL APPLICATION

**DEADLINE TO FILE IS SEPTEMBER 1<sup>ST</sup>**

**(IF APPROVED, THIS WILL BE EFFECTIVE THE FOLLOWING JULY 1<sup>ST</sup>)**

**(IF YOU'RE CURRENTLY ENROLLED IN THE NON-DEDICATED PROGRAM, THIS WILL GO INTO EFFECT JULY 1, 2029)  
ONLY FOR PARCELS WITH COUNTY AGRICULTURAL ZONING**

☐ Short-Term Dedication (3 years) ☐ Long-Term Dedication (10 years)

### OWNERSHIP INFORMATION

\*\*\*ALL LIVING OWNERS MUST SIGN\*\*\*

OWNER NAME	SIGNATURE	CONTACT #	MAILING ADDRESS	EMAIL ADDRESS
			STREET	
			CITY STATE ZIP CODE	
			STREET	
			CITY STATE ZIP CODE	
			STREET	
			CITY STATE ZIP CODE	
			STREET	
			CITY STATE ZIP CODE	

PLEASE NOTE: THIS IS AN **AUTHORIZATION TO ALLOW INSPECTION** OF THE PROPERTY BY REAL PROPERTY TAX DIVISION PERSONNEL

1. Is this your primary residence? ☐ Yes ☐ No
2. Is any portion of your property used for rental purposes? ☐ Yes ☐ No
- If yes, is the rental short-term or long-term (six months or longer)? ☐ Short-Term ☐ Long-Term

If the property is leased or used by another party, please provide contact information below.

**LESSEE and/or PERSON OTHER THAN THE OWNER CONTACT INFORMATION**

☐ RECORDED LEASE ☐ CONTRACT/AGREEMENT\*\*\*

(Recorded with the Bureau of Conveyances)

\*\*\*PLEASE PROVIDE COPY OF CONTRACT/AGREEMENT

PRINT NAME		SIGNATURE	
PHONE NUMBER	MAILING ADDRESS	EMAIL ADDRESS	

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### SECTION 1:

\*\*\*PLEASE PROVIDE ONE OF THE FOLLOWING DOCUMENTATIONS WITH YOUR APPLICATION\*\*\*

- ☐ Farm Plan ☐ Conservation Plan Approved by NRCS,  
Soil & Water Conservation District
- ☐ Organic Certification from USDA ☐ Min \$10k in receipts of expenses and/or investments  
(within 2 years of app)
- ☐ USDA Food Safety Certification Doc
- ☐ Agricultural Conservation Easement (10 year term minimum)

### SECTION 2:

3. Does your farm operation produce a minimum of \$2,000 annual gross income? ☐ Yes ☐ No

\*May include farm income from other additional parcels.

If **YES**, provide the IRS 1040 Schedule F OR State G49 (for prior year to app).

If **NO**, MUST include a Farm Plan with completed application.


## AGRICULTURAL ACTIVITY

TYPE OF AGRICULTURE (If this includes livestock – list total amount of animals)	AREA (IN ACRES)
<b>Existing Home site</b> (if any, NOT to exceed 0.25 acres/dwelling)	
<b>Unused Area</b> (NO active agriculture use)	
<b>Waste Area</b> (incapable of producing materials or services of value related to ag production)	

**TOTAL LEGAL PARCEL ACREAGE:** \_\_\_\_\_

PLEASE USE THE BOX BELOW TO SKETCH YOUR LOT SHOWING THE LOCATION OF THE AGRICULTURAL ACTIVITY, HOME SITE, UNUSED AND WASTE AREAS

### PLOT MAP (REQUIRED)

**FOR TAX OFFICE USE ONLY**☐ OTC☐ FAX☐ EMAIL

Date Received:

By: \_\_\_\_\_