



COUNTY OF HAWAI'I
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 HAWAI'I CIVIC CENTER
74-5044 ANE KEOHOKALO LE HWY., BLDG. D, 2ND FLR.
KAILUA-KONA, HI 96740
PHONE: (808) 323-4881

DEDICATED AGRICULTURAL APPLICATION

DEADLINE TO FILE IS SEPTEMBER 1ST

(IF APPROVED, THIS WILL BE EFFECTIVE THE FOLLOWING JULY 1ST)

**(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
- USDA Food Safety Certification Doc Min \$10k in receipts of expenses and/or investments
(within 2 years of app)

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)
Existing Home site (if any, NOT to exceed 0.25 acres/dwelling)	
Unused Area (NO active agriculture use)	
Waste Area (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
 USPS
 FAX
 EMAIL

Date Received: _____ By: _____