



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, 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, 2028)  
ONLY FOR PARCELS WITH COUNTY AGRICULTURAL ZONING

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

### OWNERSHIP INFORMATION

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\*\*\*

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

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)
<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                     
  USPS                     
  FAX                     
  EMAIL

Date Received: \_\_\_\_\_                      By: \_\_\_\_\_