TO: County of Kaua‘i
Planning Department
4444 Rice Street, Suite 473
Līhu‘e, Hawai‘i 96766

RE: TMK: ____________________________
UNIT: ____________________________
C.P.R. ____________________________

I (We) Hereby authorize ________________________________ to apply for a zoning
(Name of Applicant’s)
permit to construct ________________________________
(Describe Project)
and to obtain a Farm dwelling Agreement if required by the Planning Department.

__________________________________________ Owner of CPR Unit ________
(Date)

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(Date)

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(Date)

__________________________________________ Owner of CPR Unit ________
(Date)

__________________________________________ Owner of CPR Unit ________
(Date)