TO: County of Kauai
Planning Department
4444 Rice Street, Suite 473
Lihue, Hawaii 96766

RE: TMK: ________________________________
UNIT: __________________________
C.P.R. ________________________________

I (We) Hereby authorize ____________________________ to apply for a zoning permit to construct ____________________________ (Describe project) and to obtain a Farm Dwelling Agreement if required by the Planning Department.

____________________________________ Date Owner of CPR Unit

____________________________________ Date Owner of CPR Unit

____________________________________ Date Owner of CPR Unit

____________________________________ Date Owner of CPR Unit