

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  
(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	
_____	_____	Owner of CPR Unit _____
	Date	
_____	_____	Owner of CPR Unit _____
	Date	
_____	_____	Owner of CPR Unit _____
	Date	