

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.

\_\_\_\_\_  
(Date) Owner of CPR Unit \_\_\_\_\_

\_\_\_\_\_  
(Date) Owner of CPR Unit \_\_\_\_\_

\_\_\_\_\_  
(Date) Owner of CPR Unit \_\_\_\_\_

\_\_\_\_\_  
(Date) Owner of CPR Unit \_\_\_\_\_