



PROJECT AUTHORIZATION
Kalaeloa Community Development District



Application No. _____

PROPERTY INFORMATION:

Site Address: _____

Tax Map Key: _____

Lot Size: _____

Transect Zone: _____

Present Use of Property and/or Buildings: _____

LANDOWNER:

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

APPLICANT:

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

AGENT:

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

SIGNATURE:

Kathleen Ariarte
Landowner (Print & Sign)

_____ Date

Kathleen Ariarte
Applicant (Print & Sign)

_____ Date