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|  | STATE OF HAWAIIDEPARTMENT OF LAND AND NATURAL RESOURCESCOMMISSION ON WATER RESOURCE MANAGEMENT **MULTIPLE LANDOWNERS/LOCATIONS FORM** |  | **For Official Use Only:** |
| **Instructions:** Please print in ink or type and send completed form attached to stream channel alteration or stream diversion works permit application to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete applications without the required landowner signatures. For assistance, contact the Stream Protection and Management Branch at **587-0234**. For further information and updates to this application form, visit http://dlnr.hawaii.gov/cwrm. | |  |
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| **A. LANDOWNER INFORMATION** | | | | |
| For proposed stream channel alterations and stream diversion works affecting multiple landowners, complete the sections below for each individual landowner. ***Form LND-APP*** provides space for information on five (5) landowners. Complete as many forms as necessary to identify all, and only those, landowners affected by the proposed stream channel alteration or stream diversion works. | | | | |
| **1. LANDOWNER’S NAME/COMPANY** | | Landowner’s Contact Person | | Landowner’s Phone |
|  | |  | |  |
| Landowner’s Mailing Address | | Tax Map Key Parcel(s) | | |
|  | |  | | |
| Landowner’s E-mail Address | | |
|  | | |
| **Print Name:** | **Signature:** | | **Date:** | |
|  |  | |  | |
| **2. LANDOWNER’S NAME/COMPANY** | | Landowner’s Contact Person | | Landowner’s Phone |
|  | |  | |  |
| Landowner’s Mailing Address | | Tax Map Key Parcel(s) | | |
|  | |  | | |
| Landowner’s E-mail Address | | |
|  | | |
| **Print Name:** | **Signature:** | | **Date:** | |
|  |  | |  | |
| **3. LANDOWNER’S NAME/COMPANY** | | Landowner’s Contact Person | | Landowner’s Phone |
|  | |  | |  |
| Landowner’s Mailing Address | | Tax Map Key Parcel(s) | | |
|  | |  | | |
| Landowner’s E-mail Address | | |
|  | | |
| **Print Name:** | **Signature:** | | **Date:** | |
|  |  | |  | |
| **4. LANDOWNER’S NAME/COMPANY** | | Landowner’s Contact Person | | Landowner’s Phone |
|  | |  | |  |
| Landowner’s Mailing Address | | Tax Map Key Parcel(s) | | |
|  | |  | | |
| Landowner’s E-mail Address | | |
|  | | |
| **Print Name:** | **Signature:** | | **Date:** | |
|  |  | |  | |
| **5. LANDOWNER’S NAME/COMPANY** | | Landowner’s Contact Person | | Landowner’s Phone |
|  | |  | |  |
| Landowner’s Mailing Address | | Tax Map Key Parcel(s) | | |
|  | |  | | |
| Landowner’s E-mail Address | | |
|  | | |
| **Print Name:** | **Signature:** | | **Date:** | |
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