

**HISTORIC HAWAII FOUNDATION PRESERVATION GRANT PROGRAM
PROPERTY OWNER PERMISSION TO CONDUCT PRESERVATION ACTIVITIES**

I, the undersigned, attest that I am the owner or authorized land manager for the property named below and have agreed to permit the Nonprofit Organization _____ to conduct activities related to preservation, rehabilitation and restoration for the project _____.

The permission to conduct the preservation activity includes the following terms and conditions (write "none" if not applicable, otherwise, describe any access conditions or restrictions):

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CONTACT INFORMATION

Property Owner/Authorized Agent	
Contact Mailing Address	
Telephone	
Email	
Historic Property Address	
Name of Nonprofit Organization	

SIGNATURE

Property Owner Authorized Representative (Printed)	Property Owner Authorized Representative Signature
Title	Date