

COUNTY OF HAWAI'I DEPARTMENT OF FINANCE REAL PROPERTY TAX DIVISION

TAX MAP KEY/PARCEL ID CPR ISLE PLAT | PARCEL 3 EX: 2 345 678 0000

HILO-AUPUNI CENTER 101 PAUAHI ST., STE. 4 HILO, HI 96720 PHONE: (808) 961-8354

KONA - WEST HAWAI'I CIVIC CENTER 74-5044 ANE KEOHOKALOLE HWY., BLDG. D, 2ND FLR. KAILUA-KONA, HI 96740 PHONE: (808) 323-4881

COMMUNITY FOOD SUSTAINABILITY PROGRAM FARM PLAN SUMMARY

AGRICULTURE SHOULD BE INSPECTION READY

	FARM PLAN P	REPARED BY:		
PRINT NAME		SIGNATURE		
PHONE NUMBER	MAILING ADDRI	ESS	EMAIL ADDRESS	
If applicable, list other TMI	Ke that are accepiated with	your form aparation (may b	o non contiguous)	
1. II applicable, list other Tivir	NS that are associated with	your farm operation (may be	e non-contiguous).	
2 Dogo this property particin	esta in a Food Hub. Co On a	or other community based f	and charing program?	
Does this property particip	YES	NO	ood sharing program?	
	1E2			
If YES , please provide the program and the amount.	name of organization(s) ar	d contact information, production	ucts contributed to each	
Name of Organization	Primary Contact Name	Primary Contact Phone #	Product Contributed and Amount	

PRODUCTION INFORMATION

NAME OF CROP			# TREES/UNITS	# ACRES
	LIVESTOCK-POULTRY		TOTAL # OF ANIMALS	# ACRES
	oduct was produced w will be anticipated.	thin the last 12 months	s, using the box below, please expla	in when the next
		FALLOW / ROTAT	TION SCHEDULE	
		ALLOWED FALLOW		
If fallow t	time is needed, please	provide the details bel	OW.	
ACRES	DURATION		REASON FOR FALLOW	

ADDITIONAL REMARKS/COMMENTS/JUSTIFICATION

7. For pasture lands:					
Is there perimeter fencing for the area your livestock grazes on this parcel? YES NO					
Is there a water source for the area your livestock grazes on this parcel? NO NO					
Is the fencing permanent? YES NO NO NO NO NO NO NO NO NO N					
If NO , please share how your livestock are contained. Examples may include natural geographic					
features such as a gulch or adjacent parcel which is also pasturing livestock.					
FOR RENEWAL ONLY					
FOR RENEWAL ONLY					
8. Does your farm operation have \$1,000 annual sales or donation to 501(c)(3)?					
(may include farm income from more than this parcel)					
If NO , please provide additional information of your farm operation including if you anticipate \$1,000 in annual gross income, possible trading/bartering, sharing, donating, or how the agricultural products are being utilized:					
gross income, possible trading/bartering, sharing, donating, or now the agricultural products are being utilized.					
FOR TAX OFFICE USE ONLY					
FOR TAX OFFICE USE ONLY					
OTC USPS FAX EMAIL					
Data Reseived:					
Date Received: By:					