



**AUTHORIZATION TO ACT AS OWNER'S LEGAL REPRESENTATIVE**

**\*\*This form only applies if the applicant is not the current owner of the property\*\***

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- Power of Attorney
- Real Estate Contract
- Estate Executor
- Bankruptcy Trustee
- Court Ordered Guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit Conditions specified by the local health department.

I, \_\_\_\_\_, am the legal owner(S) of the property located at \_\_\_\_\_, Identified as Tax Map \_\_\_\_\_  
And Parcel Number \_\_\_\_\_, located in Person County, North Carolina.  
I do hereby authorize \_\_\_\_\_ to act as an agent on my behalf  
In applying for/signing/obtaining any of the documents described below.

- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for compliance inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Person County Health Department, Environmental Health Division.

\_\_\_\_\_  
Signature of Owner(s) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_  
Date

\*\*Applications can be submitted by email to [envhealth@personcountync.gov](mailto:envhealth@personcountync.gov)