



DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

- 1. Power of Attorney
- 2. Real Estate Executor
- 3. Bankruptcy Trustee
- 4. 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 their 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 for meeting all permit conditions specified by the local health department.

I, \_\_\_\_\_, am the legal owner(s) of the property located at \_\_\_\_\_, identified as Parcel Identification Number (PIN) \_\_\_\_\_, located in \_\_\_\_\_ County, North Carolina.

I do hereby authorize (print legal representative or company name): \_\_\_\_\_, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP)/Authorization to Construct (AC)
- Improvement Permit (IP)/Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well or 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 Granville Vance Public Health, Environmental Health Division.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*Your Environment. Your Community. Your Health.*