Environmental Health Services Documentation To Authorize an Owner's Legal Representative

ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18E .0202). If the owner does not sign the application, they can submit any 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:

- Complete this form to document their legal representative
- Provide their 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 18E .0202, 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 PIN (Parcel Identification Number) _____, located in _____County, North Carolina.

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

- Application for Improvement Permit/Site Evaluation (IP) / Authorization to Construct (AC)
- Construction Authorization for Repair
- Existing Wastewater System Inspection
- 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 _____ County Department of Public Health, Environmental Health Division.

_____	_____	_____	_____
Signature of Owner	Date	Signature of Witness	Date

Albemarle Regional Health Services
PO Box 189
Elizabeth City NC 27909

Gates Co.
P: (252) 357-1380
F: (252) 357-2251

Pasquotank Co.
P: (252) 338-4490
F: (252) 337-7921

Bertie Co.
P: (252) 794-5322
F: (252) 794-5361

Camden Co.
P: (252) 338-4460
F: (252) 338-4475

Chowan Co.
P: (252) 482-1199
F: (252) 482-6020

Currituck Co.
P: (252) 232-6603
F: (252) 232-1912

Hertford Co.
P: (252) 862-4054
F: (252) 862-4263

Perquimans Co.
P: (252) 426-2100
F: (252) 426-2104