

Authorization of Applicant for Property Development
Brunswick County Environmental Health Services
25 Courthouse Dr, PO Box 9, Bolivia, NC 28422
(910)253-2150 - septicplans@brunswickcountync.gov

Tax Parcel Id: _____

Owner's Name: _____ Owner's Phone Number: _____

Owner's Email: _____

Owner's Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Email: _____

Applicant's Mailing Address: _____ City: _____ State: _____ Zip: _____

Property Address: _____ City: _____ State: _____ Zip: _____

OWNER'S AUTHORIZATION OF APPLICANT

I, (**print owner's name**) _____,

do hereby authorize (**print applicant's name**) _____

to act in my interest, concerning the above referenced property. This interest shall be limited to the pursuit of permits, evaluations, corrections, etc., as prescribed in the application and supporting documentation submitted to Brunswick County Health Services. This individual(s) may submit data, plans, and proposals on my behalf and take actions necessary to acquire Improvement Permits, Authorization to Construct Permits, Operation Permits, Well Permits, Existing System Approvals, etc. I agree to abide by these actions and the conditions set forth in said permits.

Owner's Signature: _____

Date: _____

TO BE COMPLETED BY BRUNSWICK COUNTY HEALTH SERVICES STAFF

BCHS File: _____
