

AUTHORIZATION TO ACT AS LEGAL REPRESENTATIVE FOR OWNER

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:

- 1. Power of Attorney
- 2. Estate executor
- 3. Bankruptcy trustee
- 4. Court-ordered guardianship

In the absence of the above documentation, the property owner may sign this form to designate a legal representative to act on their behalf. If there are multiple property owners, then all property owners must sign this form.

By signing this form designating a legal representative for purposes of 15A NCAC 18A.1937, the property owner authorizes the legal representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. This authorization further allows the representative to make decisions on behalf of the owner pertaining to modifications of permits in the field. The owner retains full responsibility to meet all permit conditions specified by Union County Environmental Health.

| I, am the legal | | owner(s) of the property located at |
|--|--|--|
| | , identifi | ed as PIN (Parcel Identification |
| Number) | , located in Union Co | ounty, North Carolina. |
| I do hereby authorize (print | legal representative/company name) | |
| | , to act as an agent or | n my behalf in applying |
| for/signing/obtaining any do | ocuments associated with Union Count | ty Environmental Health, including but |
| not limited to, the document | ts described below: | |
| Application/Permit | for Improvement Permit (IP)/ Constru- | ction Authorization (CA) |
| Improvement Perm | it (IP) / Construction Authorization (C. | A) |
| Application/Permit | for private drinking water well / well a | abandonment |
| Application for soil | -site evaluation (new/repair) | |
| Application for War | ter Samples | |
| Application for Cor | mpliance Inspection (inspection of an e | existing septic system or well) |
| I agree to abide by all decisi | ions and/or conditions between the leg | al representative acting on my behalf |
| - | mental Health, including but not limite | · · · · · · · · · · · · · · · · · · · |
| Signature of Own | er(s) | Date |
| Digitature of Own | C1(D) | Date |

Environmental Health Division

500 N. Main Street, Suite 47 Monroe, NC 28112 **T** 704.283.3553

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