

STOKES COUNTY ENVIRONMENTAL HEALTH

DOCUMENTS TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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. Real Estate Contract
3. Estate Executor
4. Bankruptcy Trustee
5. 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 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 PIN (parcel identification number) _____, located in Stokes County, North Carolina.

I do hereby authorize _____, to act as an agent on my behalf in applying for, signing, or obtaining any of the documents below.

- Application for Improvement Permit (IP) and Construction Authorization (CA)
- Improvement Permit (IP) and Construction Authorization (CA)
- Application for soil-site evaluation (new/repair)
- Application/Permit for private drinking water well/well repair/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 Stokes County Health Department or Public Health, Environmental Health Division.

(Signature of Owner(s))

(Date)

(Signature of Witness)

(Date)