Forsyth County
Department of Public Health
Promoting Health, Improving Lives

Environmental Health Division
P.O. Box #686, 799 N. Highland Avenue
Winston-Salem, NC 27101
PHONE: 336-703-3225
FAX: 336-727-2183

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, _____, am the legal owner of the property located

at_____, identified as lot(s)_____,

Block_____, PIN(Parcel Identification Number)_____, located in Forsyth County, North Carolina.

I do hereby authorize (print authorized agent/company name) _____,

_____, _____, _____,

_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. improvement permit (IP)/construction authorization (CA).
2. application for soil-site evaluation (new/repair).
3. application/permit for water well/well abandonment.
4. application for health department release.
5. application for improvement permit (IP)/construction authorization (CA).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Forsyth County Environmental Health Division, Forsyth County Department of Public Health. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ _____
Signature of Owner Date

_____ _____
Signature of Witness Date