Agent Authorization Form
Complete and attach to permit application

Date: _____

TO: Florida Department of Health in Volusia County, Environmental Health

FROM: _____
(Name)

_____
(Address)

_____
(City, State, Zip Code)

Phone Number: _____

I, _____ Legal Property Owner of the Land

Parcel(s) located at: _____

_____

Hereby Authorize: _____

as my agent(s)/representative(s) to act on my behalf in all aspects of the application process in order to obtain an onsite sewage treatment and disposal system permit from the Florida Department of Health in Volusia County. My agent/representative is delegated my authority to submit all documents, exhibits and fees necessary to obtain the permit. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my onsite sewage treatment and disposal system permit, in my name.

Signed: _____ Date: _____