

Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



Ron DeSantis  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

Vision: To be the Healthiest State in the Nation

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**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: \_\_\_\_\_