

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



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

ONSITE SEWAGE TREATMENT & DISPOSAL SYSTEM PERMIT AGENT AUTHORIZATION FORM

(COMPLETE AND ATTACH TO PERMIT APPLICATION)

TO: VOLUSIA COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SECTION

FROM: (PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

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 VOLUSIA COUNTY HEALTH DEPARTMENT. 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: _____