

Alexander County Health Department
Department of Environmental Health
151 West Main Ave. Suite # 6 Taylorsville 28681
Phone: 828-632-1000 ext.# 2

AUTHORIZATION TO ACT AS LEGAL REPRESENTATIVE

I _____ am the legal owner of the property #
(print)
_____, consisting of _____ acres and located: _____

Alexander County, North Carolina. I do hereby authorize _____
(print)
to act as the legal representative on my behalf in applying for and obtaining, from the
Alexander County Environmental Health Office, an Improvement Permit and/or
Authorization for Wastewater System Construction and/or Operation Permit for an on-
site wastewater treatment and disposal system for the aforementioned property. I agree to
abide by any and all decisions and/or conditions between the legal representative acting
on my behalf and the Alexander County Environmental Health Office.

(Owner's Signature/Owner's Spouse Signature) _____ (Date)

(Witness as to Owner's Signature/Owner's Spouse Signature) _____ (Date)

(Legal Representative Signature) _____ (Date)

(Witness as to Legal Representative's Signature) _____ (Date)

Comments: _____