

PLEASE PRINT

Name: _____ Mailing Address: _____ City/State/Zip _____

Home Phone: _____ Business/Mobile Phone: _____ E-mail Address: _____

Street Address for Site: _____ Zip: _____ Subdivision: _____ Lot/Section: _____

Directions to Property: _____

Installation for: _____ County Sewer: (YES) (NO) Tax Parcel # _____

Residence: _____ Lot Size: _____ Industry or Business: _____

Industrial / Commercial _____ (Type) _____ Number of Bedrooms: _____ Number of Employees: _____

Duplex: _____ Number of Occupants: _____ Number/Type of water using fixtures: _____

Private Well: (YES) (NO) _____

Public System Name: _____

TO MAKE APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES
YOU MUST SUBMIT A PLAT OR SITE PLAN DRAWN TO SCALE OF YOUR
PROPERTY WITH THIS APPLICATION for EOP and Soil Wetness Monitoring.

Please show the location of the residence or building, including
driveways, and any other improvements/additions (pools, decks, etc.)
Please submit storm water plans for Subdivisions and Commercial Developments.
Permits issued pursuant to this application shall not be affected by change
in ownership provided the site plan remains unchanged.

I have read this application and certify that the information provided herein is
true, complete and correct. Authorized county and state officials are granted
right of entry to conduct necessary inspections to determine compliance with
applicable laws and rules. It is understood that any permit issued hereafter is
subject to suspension or revocation if the site plans or the intended use change
or if the information submitted on this application is falsified.

- Engineered Option Permit (EOP) _____
- Soil Wetness Monitoring _____
- Water Sample (Bacteriological) _____
- Water Sample (Inorganic) _____
- Water Sample (Organic) _____

OFFICE USE ONLY:

Amount Received: \$ _____ Receipt #: _____
Cash _____ Check # _____ Credit Card _____

Property owner's or owner's legal representative** signature (required).
**Must provide documentation to support claim as owner's legal representative.

Date

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

6. By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in New Hanover County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the _____ County Department of Public Health, Environmental Health Division.

Signature of Owner(s)

Date

Signature of Witness

Date

DOCUMENTACION PARA AUTORIZAR A UN REPRESENTANTE LEGAL DEL PROPIETARIO

Las aplicaciones para los permisos requieren "firma del representante legal del propietario o propietarios" (15A NCAC 18A.1937). Si el propietario no firma la aplicación el mismo o ella misma, ellos pueden enviar cualquiera de los siguientes documentos para designar su representante legal.

1. Poder Legal
2. Contrato de Bienes y Raices
3. Albacea de Propiedad
4. Fideicomiso de Insolvencia
5. Orden de la Corte de la tutela

En ausencia de la documentación mencionada arriba, el propietario puede proporcionar al departamento de salud local con la documentación que designa a un representante legal. Un propietario puede

1. Completar esta forma para documentar a su representante legal, o
2. Proporcionar su propia forma que contiene la información en esta forma

Si hay múltiples propietarios, entonces todos los propietarios deben firmar la forma que designa a un representante legal.

6. Firmando la forma que designa a un representante legal para propósitos de 15A NCAC 18A. 1937, el propietario autoriza a ese representante a actuar sobre su beneficio en los asuntos que pertenecen a la aplicación y permitir el proceso, inclusive firmar o recibir cualquier aplicación, el documento o el permiso. El propietario retiene la responsabilidad completa para encontrar todas condiciones del permiso especificados por el departamento de salud local.

I _____, soy el propietario legal (propietarios) de la propiedad localizada en _____ identificado como NIP (el número de identificación del paquete) _____, localizado en el Condado de New Hanover _____, Carolina de Norte.

Yo por la presente autorizo (imprimir el nombre legal del representante/nombre de la compañía) _____, Para actuar como un representante en mi beneficio al solicitar/firmar/obteniendo cualquiera de la documentación descrita abajo.

- Aplicación de mejora (IP)/autorización para construir (C.A.)
- Permiso de mejora (IP)/autorización para construir(C.A.)
- Aplicación para la evaluación del terreno (nuevo/repación)
- Aplicación/permiso para el poso de agua potable/abandono del pozo
- Aplicación para la inspección de cumplimiento

Estoy de acuerdo en acatar todas la decisiones y/o las condiciones entre el representate legal que está actuando sobre mi beneficio y el _____ El Departamento del condado de la salud pública del medio ambiente.

Firma del Propietario (Propietarios)

Fecha

Firma del Testigo

Fecha