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 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.

By signing a form that designates a legal representative for purposes of 14A 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 (We), _____, am (are) the legal owner(s)

of the property located at _____, identified as

PIN (Parcel Identification Number) _____, located in New Hanover County.

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 following documents:

- 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 New Hanover County Department of Health and Human Services, Environmental Health Division.

_____ _____ _____ _____

Signature of Owner(s) Date Signature of Witness Date

Mailing Address of Owner(s)_____

Address City State Zip

Contact Number of Owner(s)_____