



*Cherokee County Health Department*

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Health Director

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## Authorization Acknowledgement

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.

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 Cherokee County, North Carolina.

I do hereby authorize (print legal representative/company name) \_\_\_\_\_,  
\_\_\_\_\_, to act as an agent on my behalf in any of the following actions described  
on the following page.

I am specifically authorizing the agent to act on my behalf in the following areas:

(Please **initial** all that apply)

- To submit the completed On-Site Wastewater System permit application with all necessary required paperwork.
- To submit the completed Well permit application with all necessary required paperwork.
- To mark property according to the North Carolina Administrative Code Rule. 1900 and all Cherokee County requirements. (See sheet with application)
- To meet Cherokee County Environmental Health staff on the above property and make any necessary decisions for the permitting process.
- To sign for and pick-up any paperwork from Cherokee County Environmental Health on the owner's behalf and forward the original to the owner.
- To authorize CCHD to mail or fax the Septic/Well improvement permit/construction authorization to (current mailing address) \_\_\_\_\_ or Fax # \_\_\_\_\_  
(If applicable, I understand the system type/well location specified is different from the type specified on the application and accept all specifications of the permit.)
- Other (please explain): \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Office use only Agent: Known by employee _____ Photo ID checked _____
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