



# CARTERET COUNTY HEALTH DEPARTMENT

3820 Bridges Street, Suite A, Morehead City NC 28557

J.T. Garrett, Ed. D., M.P.H.

## OWNER'S STATEMENT

TO: The Environmental Health Division

SUBJECT: Authorization for Representation as Agent for Owner and Permission to Access Property

I, \_\_\_\_\_ (print), hereby authorize \_\_\_\_\_ (print) to act as my agent in the process of application for an on-site wastewater system permit for the property listed below:

(Real Estate Agents or other agents contracted to act as property representatives shall provide a copy of the signed contract verifying owner has acknowledged their representation of below property).

Location: \_\_\_\_\_ PIDN # \_\_\_\_\_

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please contact:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_