

CARTERET COUNTY DEPARTMENT OF HUMAN SERVICES

Cindy P. Holman
Consolidated Human Services Director



Stephanie M. Cannon, MPA
Health Director
Consolidated Human Services Deputy Director

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 or a water well 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:** _____

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Public Health Department — 3820-A Bridges Street • Morehead City, NC 28557
Main Office — Tel (252) 728-8550 / Fax (252) 222-7739
Environmental Health — Tel (252) 728-8499 / Fax (252) 222-7753

