

**ONSITE SEWAGE TREATMENT & DISPOSAL SYSTEM PERMIT**  
**AGENT AUTHORIZATION FORM**

(COMPLETE AND ATTACH TO PERMIT APPLICATION)

TO: Volusia County Health Department, Environmental Health Section

From: (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No. (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, legal

Property owner of the land parcel(s) located at:

Address \_\_\_\_\_

City \_\_\_\_\_ Parcel No.(s) \_\_\_\_\_

hereby authorize \_\_\_\_\_

as my agent(s)/representative(s) to act on my behalf in all aspects of the application process in order to obtain an Onsite Sewage Treatment and Disposal System Permit from the DOH, Volusia County Health Department. My agent/representative is delegated my authority to submit all documents, exhibits and fees necessary to obtain the permit. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my Onsite Sewage Treatment and Disposal System Permit, in my name.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_