

# Onslow County Health Department - Environmental Health

## LEGAL REPRESENTATIVE FORM FOR - INDIVIDUAL

I \_\_\_\_\_ do hereby provide  
(Printed Owner's Name)  
\_\_\_\_\_ (and any authorized  
(Individual / Company Name)  
employees if applicable) authority to apply for any/all permits required for making septic system (wastewater system) installation(s) on my property located at:

Location: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

I acknowledge that Onslow County may rely on this document and that any subsequent modification or termination of this document must be delivered in writing to the Director, Onslow County Health Department, for any such modification or termination to be effective.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

---Notary requested but not required---

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

**THIS FORM EXPIRES ONE YEAR FROM THE DATE OF EXECUTION**

# Onslow County Health Department -Environmental Health

## LEGAL REPRESENTATIVE FORM – BUSINESS

I \_\_\_\_\_ certify that I am the \_\_\_\_\_  
(Print Name) (Held Position)

of and have the authority to conduct business for \_\_\_\_\_  
(Property Owner's / Company Name)

I do hereby provide \_\_\_\_\_ and any of their authorized  
(Legal Representative's / Company Name Printed)

employees to apply for any/all permits required for making septic system (wastewater system) installations on property  
owned by \_\_\_\_\_ and located at:  
(Property Owner's / Company Name)

Location: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

I acknowledge that Onslow County may rely on this document and that any subsequent modification or termination of this document must be delivered in writing to the Director, Onslow County Health Department, for any such modification or termination to be effective.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE TITLE TELEPHONE NUMBER

---Notary requested but not required ---

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

COMMISSION EXPIRES

**THIS FORM EXPIRES ONE YEAR FROM THE DATE OF EXECUTION**