

# \*PROPERTY OWNER CONSENT FORM\*

I, \_\_\_\_\_ am the legal owner(s) of the property  
(Owner(s) name, print)

located at \_\_\_\_\_, identified as PIN

(Parcel Identification Number) \_\_\_\_\_, located in

Rutherford or McDowell County, NC

I do hereby authorize \_\_\_\_\_,  
(Legal Representative/Company Name, print)

\_\_\_\_\_  
(Legal Representative/ Company Address, City, State, Zip Code)

\_\_\_\_\_  
(Legal Representative/ Company and Phone Number)

\_\_\_\_\_  
(Legal Representative/ Company Email Address)

to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Foothills Health District, Environmental Health Division.

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Phone number)

**\*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/herself, they can submit any one of the following documents to designate their legal representative: Power of Attorney, Real Estate Contract, Estate executor, Bankruptcy trustee, Court ordered guardianship**

**Health Department Return Address:**

**Rutherford County Health Dept.  
221 Callahan Koon Road  
Spindale, NC 28160  
(828) 287-6317**

**McDowell County Health Dept.  
408 Spaulding Road  
Marion, NC 28752  
(828) 652-2921**

Email: rutherfordenv@foothillshd.org

Email: mcdowellenv@foothillshd.org