

1200 Spartanburg Highway, Suite 100 Hendersonville, NC 28792

Phone: (828) 694-6060 Fax: (828) 697-4523 www.hendersoncountync.gov/health

Agent Authorization Form

l,	(NAME OF OWNER – Print) do
authorize	(NAME OF APPLICANT – Print)
to act as my agent in obtaining septic	and/or well permit(s) from the
Henderson County Department of Public Ho	ealth.
Address/Parcel Number of Property:	
Owner Signature:	
Date:	

NOTE: All blanks must be filled in or this form will not be accepted.