



Madison County Health Department

◇ 5707 US HWY 25/70, Suite 26 ◇ Marshall, NC 28753 ◇

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

Envhealth@madisoncountyncgov

Tammy Cody, MHS
Health Director

Melissa Roberson, MD
Medical Director

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 Madison 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) / Construction Authorization (CA)
- Improvement Permit (IP) / Construction Authorization (CA)
- 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 Madison County Environmental Health.

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.

Madison County Public Health: *EveryWhere, EveryDay, EveryBody*