

# \*PROPERTY OWNER CONSENT FORM\*

Buncombe County Environmental Health  
30 Valley Street  
Asheville, NC 28801  
Ph: (828)250-5016, Fax: (828)250-6161  
OSWWrequest@buncombecounty.org

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

located at \_\_\_\_\_, identified as PIN (Parcel  
(Address)

Identification Number) \_\_\_\_\_, located in Buncombe County,  
North Carolina. (PIN)

I do hereby authorize \_\_\_\_\_,  
(Legal representative/company name, print)

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
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Buncombe County Health and Human Services, Environmental Health Division. I also understand I may be contacted at \_\_\_\_\_  
(Phone number)

by the Buncombe County Environmental Health Services prior to a scheduled appointment with my agent.

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

\_\_\_\_\_  
Date

**\*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**