



CALDWELL COUNTY HEALTH DEPARTMENT



Environmental Health Division

2345 Morganton Blvd SW • Lenoir, NC 28645 • (828) 426-8579 • FAX (828) 757-6864 • www.caldwellcountync.org

Mission: To Promote, Protect, and Improve the Health of our Community.

AUTHORIZATION TO ACT AS AGENT

I, _____, am the legal owner of the property, NC PIN # _____,
(Owner – Print Name)

consisting of _____ acres with a street address of: _____
(Address)

_____ Caldwell County, North Carolina.
(City)

I do hereby authorize _____ to act as an agent on my
(Owner – Print Authorized Agent Name)

behalf in applying for and obtaining permits from the Caldwell County Environmental Health office for the
aforementioned property. I agree to abide by any and all decisions and/or conditions between the agent acting
on my behalf and the Caldwell County Environmental Health office.

(Signature of Owner or Spouse)

(Date)

(Signature of Authorized Agent)

(Date)

Comments: