



Chatham County Sustainable Communities Department & Chatham County Public Health Department

AUTHORIZED AGENT FOR LEGAL REPRESENTATION FORM

PROPERTY LEGAL DESCRIPTION:

LOT NO. _____ PARCEL ID (PIN) _____ PARCEL SIZE _____

STREET ADDRESS: _____

Please print:

Property Owner: _____

Property Owner: _____

The undersigned, registered property owner(s) of the above noted property, do hereby authorize

_____, of _____
(Contractor / Agent) (Name of consulting firm if applicable)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of reviews, inspections, or permits and any and all standard and special conditions attached to these approvals. The activities authorized include the following (**initial all that apply**):

- _____ Building Permit
- _____ Zoning Compliance Permits
- _____ Floodplain Determination
- _____ Soil Erosion & Sedimentation Control Permit
- _____ Permits to install, repair, evaluate, or expand onsite wastewater system(s)
- _____ Evaluation/inspection/permitting of a private drinking water well(s).
- _____ Riparian Buffer Review pursuant to §304 of the Chatham Co. Watershed Protection Ordinance.
- _____ Other: _____

Property Owner's Address (if different than property above):

Telephone: _____ E-mail: _____

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Owner Authorized Signature

Agent Authorized Signature

Date: _____

Date: _____