



CHATHAM COUNTY

AUTHORIZED AGENT FOR FORM

PROPERTY LEGAL DESCRIPTION:

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

STREET ADDRESS: _____

Please print:

Property Owner: _____

Property Owner: _____

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

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

to act on my/our behalf and take all actions, I/we could have taken if present, 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 (**Check all that apply**):

_____ **Check here for all of the below options.**

- _____ Building Permit
- _____ Zoning Compliance Permits
- _____ Floodplain Determination
- _____ Soil Erosion & Sedimentation Control Permit
- _____ Onsite wastewater system(s) installation, repair, evaluation, or expansion permits & permit revocation.
- _____ 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

Date: _____

Agent Authorized Signature

Date: _____