

System Type(s)

Indicate the desired system type: (rank the system in order of preference or just choose ANY)

ANY ___ Gravel ___ 25% reduction ___ LDP ___ 50% reduction ___ Alternative ___
Keep in mind that any of the above systems may require a pump.

Authorization To Act As Agent

I, _____, am the legal owner of the property, PIN number
_____ in Jackson County, North Carolina. I do hereby authorize
_____ (Authorized Agent Name) to act on my behalf in
applying for and obtaining, from Jackson County Environmental Health, an Improvement Permit
and/or Authorization to Construct and/or Operations Permit and/or Well Permit on my property.

(Owner's Signature)

(Date)

(Telephone)

(Authorized Agent Signature)

(Date)

(Telephone)