

Buncombe County Environmental Health

30 Valley St, Asheville, NC 28801
Phone: (828)250-5016 Fax: (828)250-6161
OSWWrequest@buncombecounty.org

PROPERTY OWNER CONSENT FORM

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**