

RUTHERFORD - POLK - McDOWELL  
HEALTH DISTRICT

Legal Agent / Representative Verification Form

County:  R  P  M

Name of Applicant Represented: \_\_\_\_\_  
Applicant Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Property Location/Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Phase: \_\_\_\_\_ Gate Code: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

Facility Permitting  On-Site Wastewater Permitting  Drinking Water Well Permitting  Water Sampling  Food Service Permitting  
 Other Permitting \_\_\_\_\_

I hereby authorize A: \_\_\_\_\_ and their employees, to be my  
B: \_\_\_\_\_  
C: \_\_\_\_\_

Legal Agent / Business Name

representative(s) to the Rutherford Polk McDowell Health District. My legal agent / legal agent designee may obtain permitting and inspections services for the above mentioned property and / or facility. My legal agent / legal agent designee may be the primary contact regarding my property for permitting and inspection services. My legal agent/ legal agent designee may make decisions for me regarding the requested permitting and inspection services.

Legal Agent/Representative Name (Print): \_\_\_\_\_

Legal Agent Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Legal Agent/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned person hereby agrees that he/she has read this form and that the contents of the same are true as submitted. Any alteration of the site or soil conditions, changes to the proposed facility to be served, or submission of false information with this form may subject the permit to suspension or revocation procedures. I understand that this is a part of a formal application for Environmental Health services and authorize the Rutherford-Polk-McDowell District Health Department to enter this property for evaluation and inspection purposes.

An on-site water protection (OSWP) re-visit fee will be applied to the application if the requested O.S.W.P. services cannot be performed upon the initial visit due to incomplete preparation for the visit by the applicant, i.e. no power to well, site not marked, property overgrown. On-site Water Protection Permits are valid for 5 years from date of issue. The application fee is non-refundable should the site be found unsuitable and the permit is denied. The Application is not complete without a valid site plan and payment for services.

Property Owner Name: (Printed) \_\_\_\_\_

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

THIS LEGAL AGENT VERIFICATION FORM SHALL BE VALID UNTIL A NEW FORM IS EXECUTED  
AND DELIVERED TO THE HEALTH DEPARTMENT

COUNTY PIN #: \_\_\_\_\_  
RPM 4001.016

APPLICATION #: \_\_\_\_\_

August 2010