



**ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
LETTER OF AUTHORIZATION**

**GULF COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE**

DATE: _____

I, _____, do hereby authorize _____,
(Recorded Deed Holder)

to act as my agent in all aspects to obtain a new septic system permit, a repair application for a septic system, an application for an existing system, an application for modification to a septic system, or Perc (Prior) inspection for my property which is located at _____,
City of _____, _____ County, Florida,

Property Owner's Signature

Mailing Address

Letter of Authorization

When an individual, other than the owner of the property, acts as the agent when applying for a septic application, a Letter of Authorization must be submitted with the application. Without written authorization from the owner of the property, the Gulf County Health Department, Environmental Health inspector, is not allowed to enter the property.

GULF COUNTY HEALTH DEPARTMENT