



# JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

## A Division of Johnston County Public Health

309 East Market Street, Smithfield, NC 27577

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## OWNER'S CONSENT FORM

*Consent is required from the property owner(s) or legal representative. Consent is valid for one year from date of application, unless otherwise specified. All fields must be completed.*

### PROPERTY INFORMATION:

Project/Subdivision Name: \_\_\_\_\_ Lot(s) # \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Site Address: \_\_\_\_\_

### APPLICANT INFORMATION: (The applicant CANNOT be the owner)

\_\_\_\_\_  
Name – (type, print clearly) Phone Number

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Email Address Intended Surveyor/Professional Engineer (if applicable)

### OWNER(S) INFORMATION:

Only for owner's LEGAL representative (Initial if applicable): Executor of Estate \_\_\_\_\_ P.O.A. \_\_\_\_\_ Trustee \_\_\_\_\_ Guardian \_\_\_\_\_

\_\_\_\_\_  
Name – (print clearly) Owner/Owner's Legal Representative Signature

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Phone Number Email Address

I hereby give CONSENT to the above referenced applicant (individual/company/real estate agent/general contractor/surveyor/professional engineer/etc.) to act on my behalf, to submit applications, fees, all required materials, documents and to attend and represent me at all site investigations pertaining to the Environmental Health subdivision and permitting processes. I understand that any false, inaccurate or incomplete information provided by me or the applicant may result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application for service.

By affixing my signature to this document, I hereby give consent to the applicant designated above to agree to all terms and conditions which may arise as part of the approval of this application and the issuance of Environmental Health permits.

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