



Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

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### OWNER AUTHORIZATION

I, \_\_\_\_\_,  
**PRINT** Name of Owner

authorize \_\_\_\_\_ to  
**PRINT** Name of Agent(s)

apply for an Onsite Sewage Treatment and Disposal System Permit from the Brevard County Health Department on my behalf for the property with the address of:

\_\_\_\_\_.

If not utilized within six months from the date of my signature, this authorization will become void. No changes to this authorization are valid without my signature.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PRINT** Name of Signatory

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#### For Office Use Only

Application Number: \_\_\_\_\_ Tax account # \_\_\_\_\_