



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

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

For Office Use Only

Application Number: _____ Tax account # _____