



**DARE COUNTY DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION  
OWNER/AGENT DOCUMENTATION FOR FILE**

I, \_\_\_\_\_, agent, have been authorized by \_\_\_\_\_, Owner,

to act as the responsible party for the application/permit process with the Dare County Department of  
Public Health, Environmental Health Division.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date