



Florida Department of Health
DeSoto County Health Department
Environmental Public Health Program

Owner Authorization Form

ADDRESS OF PROPERTY: _____

LOT (S): _____

BLOCK (S): _____

SUBDIVISION: _____

SECTION/TOWNSHIP/RANGE: _____

62-6: If the owner of a property uses an authorized representative to obtain a new system construction permit, a signed statement from the owner of the property assigning authority for the representative to act on the owner's behalf shall accompany the application. This statement shall include specific information allowing the representative to act on the owner's behalf in all aspects of an application for an onsite sewage treatment and disposal system.

LETTER OF AUTHORIZATION

The undersigned being the fee simple owner of the above listed real property located in DeSoto County, Florida and described in the development standards regulation application, hereby authorizes _____ to act on my behalf in all aspects of my application for an onsite sewage treatment and disposal system (OSTDS).

Signature: Fee Simple Owner

Type or Print Name