



**ENVIRONMENTAL HEALTH DIVISION**

2120 Diamond Blvd., Suite 200

Concord, CA 94520

Phone: (925) 692-2500

Fax: (925) 692-2504

[www.cchealth.org/eh/](http://www.cchealth.org/eh/)

**AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF**

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign and file the documents necessary to obtain an Environmental Health Permit for my project.

Scope of Construction Project or Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Project Location or Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

Phone No. of Authorized Agent: \_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.