



FLORIDA DEPARTMENT OF HEALTH – BREVARD COUNTY
Environmental Health Services
2725 Judge Fran Jamieson Way, Suite A116
Viera, Florida 32940-6605
PHONE: 321/633-2100 FAX: 321/633-2163
www.BrevardEH.com

OWNER AUTHORIZATION

I, _____,
PRINT Name of Owner

authorize _____
PRINT Name of Agent(s)

to apply for an Onsite Sewage Treatment and Disposal System Permit from the Florida Department of Health – Brevard County 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 # _____