



Henderson County Environmental Health Owner Authorization Form

I, _____ (print your name) do
authorize _____ (print name) to
act as my agent in obtaining the septic and/or well
permit(s) from the Henderson County Department of
Public Health.

Signed: _____

Date: _____

**NOTE: All blanks must be filled in or this form will not
be accepted.**

**Applications for permit are accepted at the
Henderson County Permit Center, 100 N King Street,
Ste 220
Permits are issued Monday-Friday 8:30 a.m-4:00 p.m.**