

POWER OF ATTORNEY

I, _____, owner of the property described below (telephone number Hm.(____) - _____, Wk. (____) - _____).
LOCATION OF PROPERTY TO BE INSPECTED: Lot: _____ Block: _____ Sec: _____

(Street Address of Property)

Residents/Buildings utilizing a septic system on this same lot: _____

Property: _____

Total Lot/Property size for this permit only: _____

Water: Private Individual Well () Other ()

Construction Type: _____ Bedrooms _____

Commercial Type: _____ People Per Day _____ Restrooms _____

Square Footage of Structure: _____ Square Footage of Living Area: _____

Give, _____, **(Individual name not Company)**

Power of attorney to sign application for permit to construct and/or to inspect a septic system.

I understand that this gives Montgomery County Health Department Personnel permission to perform the inspection during regular business hours, 8:00 a.m. to 5:00 p.m., whether I am present or not.

I also understand that in order to identify where the septic system is located, holes will be dug on my property. If water lines, gas lines, etc., and any underground utilities are not marked, they could be damaged during the course of inspection.

All precautions will be taken during the inspection. However, Montgomery County Health Department Personnel will not be responsible for damages.

Signature of Property Owner

Date

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Signature of Notary

My Commission Expires

SEAL

*** THIS STATEMENT MUST BE SIGNED, NOTARIZED AND RETURNED TO THIS OFFICE BEFORE THE APPLICATION CAN BE PROCESSED.**