



**IRRIGATION/WELL PERMIT  
AGENT AUTHORIZATION FORM**



(COMPLETE AND ATTACH TO PERMIT APPLICATION)

**TO:** Volusia County Health Department, Environmental Health Division

**FROM:** (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, legal property owner of the land  
parcel(s) located at:

Address \_\_\_\_\_

City \_\_\_\_\_ Parcel No.(s) \_\_\_\_\_

Hereby authorize \_\_\_\_\_

as my agent(s)/representative(s) to act on my behalf in all aspects of the application process in order to obtain an Irrigation/Well Permit from the Volusia County Health. My agent/representative is delegated my authority to submit all documents, exhibits, and fees necessary to obtain the permit. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my Irrigation/Well Permit, in my name.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_