

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

**ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
LETTER OF AUTHORIZATION**

**FLORIDA DEPARTMENT OF HEALTH IN GULF COUNTY
ENVIRONMENTAL HEALTH OFFICE**

DATE: _____

I, _____, (Recorded Deed Holder) do hereby authorize _____, to act as my agent in all aspects to obtain a new septic system system permit, a repair application for a septic system, an application for an existing system, an application for modification to a septic system, or Perc (Prior) inspection for my property which is located at _____, City of _____, _____ County, Florida,

Property Owner's Signature

Mailing Address

Letter of Authorization

When an individual, other than the owner of the property, acts as the agent when applying for a septic application, a Letter of Authorization must be submitted with the application. Without written authorization from the owner of the property, the Florida Department of Health in Gulf County, Environmental Health inspector, is not allowed to enter the property.

Florida Department of Health

GULF COUNTY
2475 Garrison Ave., Port St. Joe, FL 32456, Phone: 850-227-1276, Fax: 850-227-1794
807 W. Hwy 22, Wewahitchka, FL 32465, Phone: 850-639-2644, Fax: 850-639-2357

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