



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

AGENT AUTHORIZATION

_____, 20_____ Application No. _____

I, We, _____ owner(s) of the real property located in the
Township of _____, County of Montgomery and Commonwealth of
Pennsylvania more specifically described as follows:

do hereby authorize, empower and appoint _____ as my
lawful agent exclusively and specifically with reference to acquisition of a **PERMIT FOR
INSTALLATION OF AN ON-LOT SEWAGE DISPOSAL SYSTEM(S)** on the property described
above. My agent herein named is authorized to file applications, conduct tests, attend
meetings, receive notices and to do any and all other acts necessary for the permitting of said
system(s). My agent is specifically authorized, in my absence, to receive the notice required
by 35 P.S. 750.7 et. seq.

IN WITNESS WHEREOF, I, WE, hereunto place our hand(s) and seal(s).

Signature/Property Owner

Signature/Property Owner

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

On the _____ day of _____, A.D., 20____, before me, the undersigned Officer,
personally appeared known to (satisfactorily proven) be the person(s) whose name(s)
subscribed to the within instrument, and acknowledged that he/she executed the same for
the purposes therein contained.

Witness my hand and Notarial Seal, the day and year aforesaid.

**THIS FORM MUST BE NOTARIZED
AND HAVE A COMPLETE ACKNOWLEDGMENT
IF AN AGENT IS APPOINTED**