



TRINITY COUNTY
Community Development Department
Environmental Health Division
PO Box 476 61 Airport Road
Weaverville, California 96093
Phone: (530) 623-1459 Fax: (530) 623-1353
AGENT'S AUTHORIZATION

COPIES OF SEPTIC / WELL PERMITS ARE PROVIDE ONLY TO THE PROPERTY OWNER

Please complete and sign this form below if you, the OWNER, are allowing an "AGENT" (Consultant, Contractor, Party, Applicant) to open a permit, View permits, request a copy of a permit and / or edit the permit on file.

Type of Permit & Permit Number if Applicable:

Well Permit No.: _____ OWTS Permit No.: _____

Owner's Name on file: _____

Assessor's Parcel Number (APN): _____
Example: 012-345-678-000

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Phone Number: (____) _____ Email: _____

My Authorized Agent, _____, as
Printed Authorized Agent's Name Relationship to Owner

Agent's Business Name – If Applicable

Agent's Phone Number: (____) _____ Email: _____

Has my permission to (mark all that apply):

- _____ Open a new permit on my behalf as "Contractor" - License No.
- _____ Open a new permit on my behalf as "Applicant"
- _____ View my permit on file
- _____ Request a photo copy of my permit on file
- _____ Request a copy of my permit via email
- _____ Edit my permit on file

I certify under penalty of perjury that I am the current owner of this parcel and all information submitted is true and correct.

Owner's Signature: _____ Date: _____

Authorized Agent's Signature: _____ Date: _____

Agent will need to show ID when requesting any permit information.