



A Tradition of Stewardship
A Commitment to Service

**AUTHORIZATION TO OBTAIN PERMITS FROM
NAPA COUNTY ENVIRONMENTAL HEALTH**

To Whom It May Concern:

Until further notice, the following person(s) is authorized to act as my agent for the purpose of applying for and/or obtaining permits from the Napa County Division of Environmental Health:

	<u>AGENT NAME (please print)</u>	<u>SIGNATURE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

The above listed agent(s) is authorized to apply for permits for the following:

Company Name: _____
(where applicable) (please print)

Owner/Officer: _____
(please print) (please sign & date)

NOTICE TO OWNER/OFFICER OR CONTRACTOR

Signatures must be witnessed either by at least two members of the Napa County Division of Environmental Health or before a Notary Public.

Napa County Division of Environmental Health Witnesses:

1.	_____	_____
	(please print name)	(please sign & date)
2.	_____	_____
	(please print name)	(please sign & date)

**** If owner/contractor is out of state, Authorized agents must have signatures notarized, then send the original notarized document(s) to owner/officer who must also have their signatures notarized. All notary documents must accompany this form.**