



**BOARD OF COMMISSIONERS**

PHIL CARSON, CHAIRMAN  
BEN BUSHYHEAD, VICE-CHAIR  
DAVID MONTEITH, MEMBER  
KENNETH PARTON, MEMBER  
DANNY BURNS, MEMBER

**HUMAN SERVICES BOARD**  
**INTERIM DIRECTOR**

KEVIN KING



**SWAIN COUNTY**

**HEALTH DEPARTMENT**  
**DIRECTOR**

ALISON COCHRAN

**ADDRESS:**

SWAIN COUNTY HEALTH DEPT.  
545 CENTER STREET  
BRYSON CITY, NC 28713  
PHONE: 828.488.3198  
FAX: 828.488.8672

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**AUTHORIZATION TO ACT AS AGENT**

I, \_\_\_\_\_, am the legal owner of the property.

PIN # \_\_\_\_\_, in Swain County, North Carolina.

I do hereby authorize \_\_\_\_\_ (Authorized Agent's Name)

to act on my behalf in applying for and obtaining from Swain County Environmental Health,

an Improvement Permit and/or Authorization to Construct and/or Operations Permit and/or Well Permit

on my property.

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Owner's Signature

Date

Telephone Number

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Authorized Agent Signature

Date

Telephone Number