



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
Secretary of Health

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**RE: Permit #** \_\_\_\_\_

**LETTER OF AUTHORIZATION**

The undersigned, being the fee simple owner of the real property located at:

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

Lee County, Florida and described in development standard regulation application, hereby authorizes:

**Agent:** \_\_\_\_\_

To act on my behalf in all aspects of my application for an onsite sewage treatment and disposal application.

\_\_\_\_\_  
**Signature: Fee Simple Owner**

\_\_\_\_\_  
**Type or Print Name**

\_\_\_\_\_  
**Contact Phone Number**



LEE COUNTY HEALTH DEPARTMENT  
Judith Hartner, M.D., M.P.H.  
Director

Environmental Health  
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