



A Tradition of Stewardship  
A Commitment to Service

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

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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)

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**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.**