



**MONTGOMERY COUNTY**  
 ENVIRONMENTAL HEALTH SERVICES  
 PERMITS/FLOODPLAIN ADMINISTRATION  
 501 N. THOMPSON, SUITE 100  
 CONROE, TEXAS 77301  
 (936) 539-7836 • (281) 364-4200 EXT 7836 • FAX (936) 538-8155

## POWER OF ATTORNEY

I, \_\_\_\_\_, owner of the property described below  
 Telephone number - Hm. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_, Wk. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

LOCATION OF PROPERTY TO BE INSPECTED: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_  
 (Street Address of Property)

Residents/Buildings utilizing a septic system on this same lot: \_\_\_\_\_ property: \_\_\_\_\_

Total Lot/Property size for this permit only: \_\_\_\_\_

Water: Private Individual Well (  ) Other (  )

Construction Type: \_\_\_\_\_ Bedrooms: \_\_\_\_\_

Commercial Type: \_\_\_\_\_ People per Day: \_\_\_\_\_ Restrooms: \_\_\_\_\_

Square Footage of Structure: \_\_\_\_\_ Square Footage of Living Area: \_\_\_\_\_

Give, \_\_\_\_\_, (**Individual name, not Company**) power of attorney to sign application for permit to construct and/or to inspect a septic system.

I understand that this gives Montgomery County Health Department personnel permission to perform the inspection during regular business hours, 8:00 a.m. to 5:00 p.m., whether I am present or not.

I also understand that in order to identify where the septic system is located, holes will be dug on my property. If water lines, gas lines, etc., and any underground utilities are not marked, they could be damaged during the course of inspection.

All precautions will be taken during the inspection. However, Montgomery County Health Department Personnel will not be responsible for damages.

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 My Commission Expires

**\*This statement must be signed, notarized and returned to this office before the application can be processed.**