



**Pamlico County Health Department
Environmental Health Section**

202 North Street
PO Box 306
Bayboro, NC 28515
Tel: (252) 745-5634 Fax: (252) 745-3096



**Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)**

_____ (Date)

Owner: _____
Address: _____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit (# _____) issued on _____ for the system located at
(date)

(system name)

will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner