

## REQUEST FOR RESEARCH/PUBLIC INFORMATION ENVIRONMENTAL HEALTH

## Fields marked with an asterisk (\*) are required.

PROPERTY INFORMATION			
PROPERTY OWNER*			DATE OF REQUEST*
ADDRESS*			PID#*
SUBDIVISION		LOT	ACREAGE
IMPROVEMENT PERMIT/ CONSTRUCTION AUTH. INFOI	RMATION	I	
DATE OPERATION YEAR HOUSE PERMIT ISSUED BUILT*		OWNER AT TIME OF CONSTRUCTION*	
ADDITIONAL NAMES TO SEARCH*			
CONTACT INFORMATION			
REQUESTOR/ AGENCY			
PHONE			FAX
ADDRESS			E-MAIL
COMMENTS			
			CONTACT US: 1830 Lakeside Dr, Franklin NC 28734

Owner or legal representative

Date

CONTACT US: 1830 Lakeside Dr, Franklin NC 28734 Phone: (828) 349-2489 or (828) 349-2490 Fax: (828) 349-4136 www.maconnc.org/environmental-health.html

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Without making a site visit, MCPH makes no guarantee that the permit provided matches the requested property.

## ENVIRONMENTAL HEALTH USE ONLY

FILES SEARCHED/ COMMENTS				
RESULTS				
G FOUND INOT FOUND	FILE NAME/ NUMBER			
TIME/ DATE/ METHOD OF RESPONSE	RESEARCHER			