

MACON COUNTY PUBLIC HEALTH CENTER
1830 LAKESIDE DRIVE
FRANKLIN, NC 28734
Phone: 828 349-2489/349-2490 Fax: 828 349-4136

REQUEST FOR CHANGE TO IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

Change requested on Improvement Permit/Construction Authorization issued to

_____ on _____ (date)

Property Location _____

Parcel ID # _____

Specify desired change(s): _____

Requested by:

(Print name)

(Signature)

(Date)

Authorization of property owner, applicant, authorized representative, or power of attorney is required when a request is made to change the type of system to an innovative system. These systems are Polystyrene Aggregate Trench System, Chamber Trench System, and Drip System.

I hereby authorize the change to the Improvement Permit/Construction Authorization as requested above

(Print name)

(Signature)

(Date)

_____ owner _____ applicant _____ power of attorney _____ authorized representative

Request is _____ approved _____ denied

Comments or conditions _____

(Environmental Health Specialist)

(Date)