

## 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/	TION	I		
CONSTRUCTION AUTH. INFORMATION	YEAR HOUSE	OWNER AT TIME		
PERMIT ISSUED ADDITIONAL NAMES	BUILT*	OF CONSTRUCTION*		
TO SEARCH*				
CONTACT INFORMATION REQUESTOR/ AGENCY				
PHONE			FAX	
ADDRESS			E-MAIL	
COMMENTS			I	
			CONTACT US:	
Owner or legal representative	ve Date		1830 Lakeside Dr, Franklin NC 28734 Phone: (828) 349-2489 or (828) 349-2490 Fax: (828) 349-4136 www.maconnc.org/environmental-health.html	
Without making a site visit, I	MCPH makes no guarante	ee that the permit provide	ed matches the requested property.	
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ENVIRONMENTAL HEALTH USE ONLY				
FILES SEARCHED/ COMMENTS				
RESULTS				
☐ FOUND ☐ NOT	FOUND		FILE NAME/ NUMBER	
TIME/ DATE/ METHOD OF RESPONSE		RESEARCHER		
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