

MACON COUNTY ENVIRONMENTAL HEALTH

1830 Lakeside Drive

Franklin, NC 28734

Phone: 828 349-2490/2592 Fax: 828 349-4136

Fee Collected _____

Log Number _____

REQUEST FOR CONSULTATIVE VISIT or RETURN VISIT

Applicant _____ Daytime Phone _____

Representative to be contacted _____ Daytime Phone _____

Address _____

Township _____ Acreage _____ Subdivision _____ Lot Number _____

Parcel ID Number _____ Map Number _____

Directions to
property _____

Nature of
request _____

If related to an Improvement Permit/Authorization for Wastewater System Construction:

Applicant's name _____ Date Permit
issued _____

If related to an installed system, Operations Permit/Certificate of Completion:

Name _____ Date Permit issued _____

Date _____

(Applicant or authorized agent)

If the applicant is not the present property owner, the owner, or the owner's power of attorney must sign before an on-site visit may be made.

I hereby give the Macon County Environmental Health permission to evaluate the property specified in this request.

Date _____

(Owner or owner's power of attorney)

(FOR USE BY ENVIRONMENTAL HEALTH SPECIALIST)

Site Visit Made: _____ Time at Site (15 minute intervals) _____

Action Taken: _____

Date _____

(Environmental Health Specialist)

