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 APPROVAL

Connect Mobile Home to Existing Syste	Structure Renovation Recreational Vehicle Other om
	y construction, addition, alteration, or placement of mobile homes and by the Building Inspections Department. An Environmental Health Specialist a copy of the building plans.
Applicant/Owner	Phone
Address	
TownshipAcreageSub	division/Mobile Home ParkLot No
Tareer ID Number	
	?Describe
Year Septic InstalledName of Owner	r when System Installed
Existing House/Mobile Home Size	Number of bedrooms
New House/Mobile Home Size	Number of bedrooms
	VAILABLE, APPLICANT MUST LOCATE THE SYSTEM PRIOR TO VISIT. IN TO UNCOVER THE SYSTEM BEFORE APPROVAL CAN BE GIVEN. Date
	Date
(Applicant)	
(ENVIRO	ONMENTAL HEALTH USE)
Provisional Approval-FINAL ON SITE INSPEC	CTION REQUIRED-Building Inspections to hold C.O.
_ ··	
(Environmental Health Specialist)	(Date)
☐Approval ☐Disapproval Reason for disapprov	val
On-site inspection made(date)	Not Needed
Certificate of Completion or Operations Permit ava	
(If a Certificate of Completion or Operations Permi	t is available, attach a copy to this form.)
(Environmental Health Specialist)	
(211 11 official areas of pecialist)	