

REQUEST FOR RESEARCH/PUBLIC INFORMATION ENVIRONMENTAL HEALTH

Fields marked with an asterisk (*) are required.

PROPERTY INFORMATION	N		
PROPERTY OWNER*			DATE OF REQUEST*
ADDRESS*			PID#*
SUBDIVISION		LOT	ACREAGE
IMPROVEMENT PERMIT/			I
CONSTRUCTION AUTH. INFO		OWNER AT TIM	IF.
DATE OPERATION PERMIT ISSUED	YEAR HOUSE BUILT*	OF CONSTRUCT	
ADDITIONAL NAMES	DOILI	OI CONSTRUCT	ION
TO SEARCH*			
CONTACT INFORMATION			
REQUESTOR/ AGENCY			Teny
PHONE			FAX
ADDRESS			E-MAIL
COMMENTS			1
			CONTACT US:
			1830 Lakeside Dr, Franklin NC 28734
Owner or legal representative Date			Phone: (828) 349-2489 or (828) 349-2490 Email- enviroym@maconnc.org
			www.maconnc.org/environmental-health.html
f research beyond search	ching our database for provi	ded names is required	I, a fee no less than for \$15 will be charged. For eve
additional 30 minutes of	research, \$15 more will be	charged.	
Vithout making a site vi	sit, MCPH makes no guaran	tee that the permit pro	ovided matches the requested property.
	ENVIRO	NMENTAL HEALTH (JSE ONLY
FILES SEARCHED/ COMMENT	rs		
DECITE -			
RESULTS ☐ FOUND ☐ N	OT FOUND FILE NAME/	NUMBER	TIME RESEARCH STARTED
TIME/ DATE/	RESEARCHE	R	TIME RESEARCH FINISHED
METHOD OF RESPONSE			