

REQUEST FOR RESEARCH/PUBLIC INFORMATION ENVIRONMENTAL HEALTH

Fields marked with an asterisk (*) are required.

PROPERTY OWNER* Carolyn C. Life Estate Diamond		DATE OF REQUEST* 3/25/25
ADDRESS* 50 Trimont Trail		PID#*6585825202
SUBDIVISION N/A	LOT	ACREAGE
IMPROVEMENT PERMIT/		I
CONSTRUCTION AUTH. INFORMATION DATE OPERATION YEAF	R HOUSE OWNER AT	TIMF
PERMIT ISSUED BUIL		
ADDITIONAL NAMES TO SEARCH*		
TO SEA WEST		
CONTACT INFORMATION REQUESTOR/ AGENCY 16		
REQUESTOR/ AGENCY Kayla Stewar	t	Leav
PHONE 828-634-6387		FAX
ADDRESS		E-MAIL kayla@vignetterealty.com
COMMENTS		1
	3/25/25	CONTACT US:
		1830 Lakeside Dr, Franklin NC 28734 Phone: (828) 349-2489 or (828) 349-2490
Owner or legal representative	Date	Email- envirovm@maconnc.org
		www.maconnc.org/environmental-health.html
If research beyond searching our data	abase for provided names is requi	red, a fee no less than for \$15 will be charged. For ever
additional 30 minutes of research, \$15	b more will be charged.	
Without making a site visit, MCPH ma	kes no guarantee that the permit	provided matches the requested property.
	ENVIRONMENTAL HEALT	H USE ONLY
FILES SEARCHED/ COMMENTS		
RESULTS	FILE NAME/ NUMBER	TIME RESEARCH STARTED
☐ FOUND ☐ NOT FOUND		
TIME/ DATE/ METHOD OF RESPONSE	RESEARCHER	TIME RESEARCH FINISHED