ALBEMARLE REGIONAL HEALTH SERVICES
ENVIRONMENTAL HEALTH SECTION INFORMATION REQUEST FORM

THERE IS NO GUARANTEE A PERMIT WILL BE FOUND BASED ON THE
INFORMATION YOU HAVE PROVIDED. Requestor’s Signature________________________________

REQUESTORS NAME:____________________________________________________________________

COMPANY:_____________________________________________________________________________

MAILING ADDRESS:________________________________________________________________________

PHONE NUMBER: ___________________________ FAX NUMBER __________________________

Email address:____________________________________________________________________________

PLEASE PROVIDE ALL THE INFORMATION BELOW FOR THE REQUESTED
PROPERTY

COUNTRY __________________________

PHYSICAL ADDRESS OF PROPERTY _________________________________________________________

LOT # _______ • BLOCK # _______ • PHASE _______ • SECTION _______

SUBDIVISION ____________________________________________________________

PARCEL IDENTIFICATION NUMBER _______________________________________________________

CURRENT OWNER __________________________________________________________

PREVIOUS OWNER(S) ____________________________________________________________

_____________________________________________________________________________________

INFORMATION REQUESTED: _______ COPY OF SITE EVALUATION

_______ COPY OF PERMIT _______ COPY OF SITE PLAN/SURVEY

_______ SLEEPING CAPACITY & NUMBER OF BEDROOMS APPROVED

ONCE THIS FORM IS COMPLETED PLEASE FAX TO THE APPROPRIATE COUNTY
OFFICE. Fax Numbers for County Offices are below.

Bertie 252-794-5361 Camden 252-338-4475 Chowan 252-482-6020
Currituck 252-232-6605 Gates 252-357-2251 Pasquotank 252-337-7921
Perquimans 252-426-2104

Wetford Co 252- 862- 4263