

**APPLICATION FOR EXISTING SYSTEM INSPECTION  
ALBEMARLE REGIONAL HEALTH SERVICES  
ENVIRONMENTAL HEALTH**

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF  
PROPERTY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT EXACTLY ARE YOU DOING?

\_\_\_\_\_  
\_\_\_\_\_

SYSTEM USED TO SERVE WHAT TYPE OF FACILITY?

HOUSE \_\_\_\_\_ MOBILE HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

NUMBER OF PEOPLE \_\_\_\_\_

BEDROOMS \_\_\_\_\_ BATHROOMS \_\_\_\_\_

THIS APPLICATION IS ONLY VALID FOR 12 MONTHS FROM DATE.  
THE APPLICATION IS SUBJECT TO REVOCATION IF SITE PLANS  
OR THE INTENDED USE CHANGES.

IT COULD TAKE UP TO TWO WEEKS FOR INSPECTION TO BE  
DONE.

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS  
CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

A \$60.00 FEE IS CHARGED FOR THIS SERVICE.