

**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.

Requesters Signature: _____

Requesters Name: _____

Company: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

PLEASE PROVIDE ALL THE INFORMATION BELOW FOR THE REQUESTED PROPERTY

County: _____

Physical Address of the Property: _____

Lot #: _____ Block #: _____ Phase: _____ Section: _____

Subdivision: _____

Parcel Identification Number: _____

Current Owner: _____

Previous Owner(s): _____

- INFORMATION REQUESTED:** Copy of Permit Copy of Site Evaluation
 Copy of Site Plan/Survey Sleeping Capacity & Number of Bedrooms Approved

BERTIE
Phone: 252-794-5322
theresa.reid@arhs-nc.org

CHOWAN
Phone: 252-482-1199
delicia.slade@arhs-nc.org

GATES
Phone: 252-3571380
stephanie.reppy@arhs-nc.org

PASQUOTANK
Phone: 252-338-4490
kathryn.jones@arhs-nc.org

CAMDEN
Phone: 252-338-4460
mmeads@arhs-nc.org

CURRITUCK
Phone: 252-232-6603
bethanie.sprague@arhs-nc.org

HERTFORD
Phone: 252-862-4054
kim.askew@arhs-nc.org

PERQUIMANS
Phone: 252-426-2100
alisha.purcella@arhs-nc.org