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. Please Allow 72 Hours to Process Requests.

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):_____

INORMATION REQUESTED: ☐ Copy of Permit ☐ Copy of Site Evaluation ☐ Copy of Site Plan/Survey
☐ Sleeping Capacity & Number of Bedrooms Approved

BERTIE	CHOWAN	GATES	PASQUOTANK
Phone: 252-794-5322	Phone: 252-482-1199	Phone: 252-357-1380	Phone: 252-338-4490
Fax: 252-794-5361	Fax: 252-482-6020	Fax: 252-357-2251	Fax: 252-337-7921
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CAMDEN	**CURRITUCK**	**HERTFORD**	**PERQUIMANS**
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Fax: 252-338-4475	Fax: 252-232-1912	Fax: 252-862-4263	Fax: 252-426-2104
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