

FOR OFFICE USE ONLY:
Assigned To: _____ IP Number: _____

**Caldwell County Environmental Health
Revisit, Redesign, Consultative Visit**

Original Permit Number: _____

Permit Requested By: _____

Address: _____

Home #: _____ Business#: _____ Cell: _____

Property Owner: _____

Physical Address of Property: _____

Home #: _____ Business#: _____ Cell: _____

Subdivision: _____ Lot: _____ Phase: _____

NC PIN# _____

Service Requested/ Reason for Request
(Please describe reason for request)

___ **Revisit/ Redesign** _____

___ **Consultative Visit** _____

I understand that this is a formal request for service and authorize Caldwell County Health Department employees to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit or report issued as a result of this information will become invalid if it is found to be incorrect or if any changes are made in the lot size and location of the proposed.

Owner/ Agent

Date

For Office Use Only
___ New Permit Issued ___ Original Permit or Copy attached ___ Use same Permit #