



EDGECOMBE COUNTY HEALTH DEPARTMENT

a division of the
Edgecombe County Human Services Agency
Po Box 100
122 E. St. James Street
Tarboro, NC 27886
252-641-7511



MIGRANT HOUSING INSPECTION APPLICATION

Edgecombe County Health Department

P. O. Box 100

Tarboro, NC 27886

Phone (252) 641-7573

Date: _____ Parcel ID Number (PIN): _____

Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant Email Address: _____

Name(s) of Original Permittee: _____ Date System Originally Installed: _____

Subdivision/Mobile Home Park (if applicable): _____ Section: _____ Lot No.: _____

Directions or Address to Property: _____

Inspection is requested for:

_____ Migrant housing _____ Addition _____ Storage Building/Garage _____ Other

Comments: _____

Number of Occupants: _____

Current no. of bedrooms: _____ No. of bedrooms upon connection/completion: _____

Water Supply: _____ Individual Well _____ Shared Well _____ Municipal _____ Spring

I agree the information provided above is correct and accurate. I understand that false or incorrect information could result in revocation of any approval granted for the intended project.

Owner/Agent Signature: _____ Date: _____

Note: It is the applicant's responsibility to comply with all setback distances and other requirements concerning the septic system for the approved project.