



**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



DATE RECEIVED \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ TAX PARCEL I.D. NO: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
Name Relationship to Owner

\_\_\_\_\_  
Requester's Mailing Address Phone

\_\_\_\_\_  
Requester's Email Address

\_\_\_\_\_  
Name of Current Owner Mailing Address of Owner

DIRECTIONS TO PROPERTY: \_\_\_\_\_

PERMIT REQUESTED FOR: House \_\_\_\_\_ ↑ Mobile Home \_\_\_\_\_ ↑ Commercial \_\_\_\_\_ ↑  
Other ↑

NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF OCCUPANTS: \_\_\_\_\_

Does the site contain any existing wastewater systems? ↑Yes \_\_\_\_\_ ↑No \_\_\_\_\_

If yes, where are they located? \_\_\_\_\_

GIVE PROPERTY DIMENSIONS: (to nearest foot)

Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

RETURN APPLICATION TO: Edgecombe Co. Health Dept.  
Environmental Health Division  
P.O. Box 100, 122 E. St. James Street  
Tarboro, NC 27886  
Phone: (252) 641-7573, Fax: (252) 823-2077

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

\_\_\_\_\_  
Property owner's or owner's legal representative\*\* signature (required)

\_\_\_\_\_  
Date