

Permit #: _____



**Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127**



Application for Consultative Visit

Receipt #: _____ Parcel ID / LRK #: _____

Owner: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

Exact Directions to Property (911 address, if available): _____

Reason for Consultative Visit:

- ☐ **Locate and Flag Septic System** *(If a permit is not on file, then the employee will spend a maximum of one hour to try and locate system.)*
- ☐ **Locate Repair Area**
- ☐ **Family Cemetery Location**
- ☐ **Grading Reasons**
- ☐ **Other (please specify):** _____

Authorization To Proceed:

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.

Signature of property owner/legal representative*

Date

*** You must provide documentation to support claim as owner's legal representative.**

The signed application authorizes county and state officials right of entry to conduct this visit.

For Environmental Staff Only:

Date of site visit: _____ Comments: _____

Employee Name (printed): _____ Signature: _____