



BLOUNT COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

REQUEST FOR CERTIFICATE OF VERIFICATION

OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER (DURING WORKING HOURS): _____

NAME OF SUBDIVISION: _____ LOT #: _____

ADDRESS OF LOCATION: _____

DIRECTIONS: _____

WHERE IS EXISTING SYSTEM LOCATED: _____

IS THE ESTABLISHMENT, AT THIS LOCATION, CURRENTLY ADJOINED TO THIS EXISTING SYSTEM?
YES _____ OR NO _____

IN WHOSE NAME WAS THE SEPTIC PERMIT ORIGINALLY APPLIED FOR: _____

(IF KNOWN)

TO BE COMPLETED BY HEALTH DEPARTMENT

DATE FEES PAID: _____ FEES PAID: _____

RECEIPT #: _____

Size of Lot: _____ Number of MH currently on Property: _____

Total Number MH on property after addition: _____ Referred to BZA: _____

