

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Phone: 828-884-3139 x243

Fax: 828-884-3259

Existing System Inspection Report

(For Building Inspection Department)

98 E. Morgan Street Suite 170 Brevard, NC 28712

Date: _____

Tax ID No.: _____

Receipt No.: _____

Owner/Agent: _____

Address: _____

Phone Number: _____

Date System Installed: _____

Name(s) of Original Permittee: _____

Directions to property: _____

Original Cert. of Completion

Name: _____

Date: _____

Subdivision: _____

Section: _____

Lot No.: _____

Inspection requested for:

Mobile home setup

Addition

Business

Remodeling

Connection to unused system

Other

No. of bedrooms upon connection/completion: _____

Current no. of Bedrooms: _____

Remarks: _____

Owner/Agent Signature: _____

Date: _____

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: _____

Date: _____

THIS REPORT IS VALID THROUGH

Large empty rectangular box for signature and date.