



MECKLENBURG COUNTY HEALTH DEPARTMENT

PERMIT INQUIRY FORM for REAL ESTATE TRANSACTIONS

Instructions:

- Please complete all sections of this form and submit to:

1. E-mail: wellreg@mecklenburgcountync.gov
2. Fax: (704) 336-6894
3. OR Mail to:
Mecklenburg County Health Department (MCHD)
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208

- No services will be conducted prior to receiving the completed "Inquiry" form in our office.
- Please allow up to three (3) business days for your request to be completed.
- For additional information please call (980) -314-1620.

Tax Parcel Number of property to be researched: _____
 (Please visit <http://polaris3g.mecklenburgcountync.gov/> to obtain the Tax Parcel Number)

Address of property to be researched: _____

Name of requesting person: _____

Daytime phone number: _____

Daytime fax number: _____

E-mail address: _____

Closing date (If applicable): _____

What type of permit information are you requesting for the property listed above?

Office Use Only

MCHD File Number: _____

Date received: _____

Request reviewed by: _____

Date reviewed: _____

Comments:
