



COUNTY OF RANDOLPH
Health Department
204 E Academy St - Asheboro, NC 27203

CONSULTATION VISIT APPLICATION

Applicant: _____
Address: _____
City, ST ZIP _____

Date: _____
Application #: _____
Parcel number: _____

Owner: _____
Address: _____
City, ST ZIP _____

Contact name: _____
Contact phone: _____
Contact e-mail: _____

LOCATION INFORMATION:

Location: _____
Subdivision: _____ Lot number: _____

CONSULTATION INFORMATION:

Reason for Consultation Visit: _____
If other, specify reason: _____

TOTAL APPLICATION FEE: _____

COMMENTS: _____

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.***

LOCAL TELEPHONE NUMBERS
Asheboro: (336) 318-6262 • Archdale/Trinity: (336) 819-3262
<http://www.randolphcountync.gov>