

For office use only

Assigned to: \_\_\_\_\_

NC PIN# \_\_\_\_\_

Permit# \_\_\_\_\_

**Caldwell County Environmental Health  
Compliance Visit (OSWP or Food Service Establishments)**

(Check one)

- OSWP – Visit to examine the setbacks from a proposed structure to existing septic system components and reserve septic repair areas or wells in accordance with 15ANCAC 18A .1950 and 15A NCAC .02C .0107.
- Food Service Establishments – Visit for consultation regarding the conversion or remodeling an existing structure for use as a food service establishment prior to plan review or transitional permitting. The compliance visit fee may be applied to the balance of the plan review fee.

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Business#: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Home #: \_\_\_\_\_ Business#: \_\_\_\_\_ Cell: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Phase: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

\_\_\_\_\_

**Reason for Request**

(Please describe reason for request)

\_\_\_\_\_

(Once this application is submitted an EHS will contact you to schedule a time for a visit)

I understand that this is a formal request for service and authorize Caldwell County Health Department employees to go on this property. I certify the above information to be correct. The EHS will document the details of the visit and attach pertinent information such as maps, notes, etc. A copy of the final report will be provided to the applicant.

\_\_\_\_\_  
Owner/ Agent \*\*

\_\_\_\_\_  
Date

\*\*Must provide Caldwell County Authorized Agent form to claim as owner's legal representative