SEPTIC SYSTEM INFORMATION REQUEST FORM

Email (preferred method) to permitting@haywoodcountync.gov
OR Fax to (828) 452-6798
** Incomplete forms will be returned **

PLEASE check the GIS map at: haywoodcountync.gov for septic records before sending request. PLEASE understand that our staff will complete the request as quickly as possible. PLEASE do not submit multiple requests for the same property as this makes the process slower. If you have not received any results after three (3) working days, please contact us by email.

Property Information: (Please note that our records are filed by property owner name and we are not always informed when property has changed hands, therefore it is imperative to include as many past owners as possible, this often requires a deed search.)

CURRENT LEGAL PROPERTY OWNER NAME(s): Please include both first and last names

_______________________________________ ______________________
______________________________________ ______
_____________________________________

PREVIOUS OWNER(s):

_____________________________________
_____________________________________
_____________________________________
_____________________________________

PARCEL ID NUMBER (PIN#): _____________ / _____________ / ______________

911 ADDRESS (if applicable): Please include the City

_____________________________________
_____________________________________
_____________________________________

SUBDIVISION & LOT # (if applicable): __________________________________________

MOBILE HOME PARK? (More than one MH is considered a park – list park name and lot #)

_____________________________________

HOUSE ON PROPERTY: YES □ NO □

If so, Year Built: ________________________________

IS THE SEPTIC SYSTEM INSTALLED: YES □ NO □

Send Information To:

Agent Name: __________________________________________________________________

Agent Email Address: ___________________________________________________________

Real Estate Agency: _____________________________________________________________

Phone #: ______________________________ Fax #: ________________________________

(Please include the area code)

[ ] Information Incomplete [ ] Record Found [ ] Record Not Found