



# 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](mailto:wellreg@mecklenburgcountync.gov)
  2. Fax: (704) 336-6894
  3. OR Mail to:  
Mecklenburg County Health Department (MCHD)  
700 N. Tryon Street, Suite 211  
Charlotte, NC 28202

- 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 (704) 336-5103.

Tax Parcel Number of property to be researched: \_\_\_\_\_  
 (Please visit <http://maps2.co.mecklenburg.nc.us/website/realestate/viewer.htm> 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_