

Columbus County
HEALTH DEPARTMENT
KIMBERLY L. SMITH, RN, BSN, MSHCA, DIRECTOR



PO Box 810
Whiteville, NC 28472

304 Jefferson Street
Tele: 910-640-6615
Fax: 910-640-1088

PERMIT INQUIRY for REAL ESTATE TRANSACTIONS

Instructions

- Please email all sections of this form and submit to:
 - 1. E-mail: alecia.long@columbusco.org
 - 2. Fax: (910)641-0766
- No services will be conducted prior to receiving the completed inquiry form in our office.
- Please allow up to five business days for your request to be completed
- For additional information please call (910)640-6617 ext.1

Tax Parcel Property Number to be researched: _____

Please provide the following information:

Property address to be researched: _____

Name of person requesting: _____

Daytime phone number: _____

Daytime fax number: _____

E-mail address: _____

Closing date (if applicable): _____

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

What year was the septic tank installed? _____

Who was the property owner when the tank was installed? _____