APPLICATION FOR INFORMATION

Complete this form, only if:

-You need to know the # of bedrooms for which a septic system is approved;

-There is an existing residence on the property;

AND

-The property is located in Davidson County, Tennessee.

1. Owner's Name:					
2. Property Address:					
3. Property Map & Parcel N	lumber:				
4. Subdivision Name:			Lot N	lumber:	
5: Requested By:	Name:				
Mailing A					
				lumher:	
			·		
6. How would you like to re	eceive the results of the file search	? Please mark the approp	riate box.		
☐ Office Pick up ☐ En		mail	☐ Fax		☐ Mail
7. Signature:				Date:	
For Departmental use only	:				
☐ Metro Public Health Dep	property. Granted: Date: artment records are inconclusive. artment records contain no inform	This department cannot d	etermine the approved number		property at this time.
Comments:					
Septic system design (perm	it):	☐ Attached.	□ No record in the f	file.	
Septic system construction inspection drawing (as-built):		\square Attached.	\square No record in the f	file.	
NOT an assessment or eval	made in regard to this request, n luation of the system. This docum Il system approval based on the ir	ent only reflects what De	partmental records indicate abo		
Departmental Representati	ve:		_ Date:		
Rev: August 27, 2014					