



Lincoln County Health Department
Environmental Health Division
302 N Academy Street, Suite B, Lincolnton, NC 28092
PHONE: 704-736-8426

Session Law Permit Reimbursement Request

Reimbursements will be made payable to the Owner or Legal Representative for up to \$500 or the cost of the invoiced service, whichever is less. A copy of the invoice and a receipt of fees paid, along with a copy of the permit, must be attached to this application. Please allow 4-6 weeks for reimbursements to be processed.

1) MAKE PAYABLE AND SEND TO THE ADDRESS BELOW:

Name

Address

City

State

Zip

2) APPLICANT INFORMATION:

Property Owner

Property Owner Address

Email

Phone

Fax

Applicant Name (if not the owner)

Applicant Address

City

State

Zip

Email

Phone

Fax

3) SITE INFORMATION:

Permit#

Address (if yet assigned)

Subdivision Name

Lot #

Signature

Date

Environmental Health Staff Approval _____

Date _____

Lot# _____ Lot# _____ Lot# _____ \$ _____ Total Refund