



**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