



**PRELIMINARY ZONING REVIEW
PERK TEST
ROWAN / Granite Quarry**

Tax Map _____ Parcel _____ Subdivision _____ Lot _____

Location _____

Property Owner _____ Applicant _____

Proposed Use of Property _____

This certifies that the undersigned, an applicant for a Health Department

_____ Site Evaluation _____ Existing System Inspection

to use the property described above for the onsite wastewater disposal, has submitted this proposal for review by the zoning agency with jurisdiction over the property.

Upon receipt of this document, the Rowan County Health Department will evaluate the property to determine its suitability for the applicant's requested use. Possession of a Health Department wastewater disposal permit does not guarantee final zoning approval of the property described above, or the issuance of a building permit.

**THIS DOCUMENT IS NOT A ZONING PERMIT, OR ZONING
AUTHORITY APPROVAL TO OBTAIN A BUILDING PERMIT.**

Applicant Signature

Date

Zoning Officer

Date

Zoning District _____