



BLOUNT COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

SITE EVALUATION REQUEST

Applicant(s) Name: _____

Current Mailing Address: _____

Street City State Zip

Telephone Number(s) (during business hours): _____

Subdivision or Property Name: _____

Lot #: _____ Block: _____ Unit: _____ Map #: _____ Parcel #: _____

911 ADDRESS FOR PROPERTY: _____

THIS INFORMATION MAY OBTAINED FROM BLOUNT COUNTY COMMUNICATION CENTER (865)981-7113

Directions: _____

Intended use for structure(s): Residential ___ Commercial ___ Is structure site staked/marked: _____

****** Residential ******

Size of lot: _____ Basement: Yes ___ No ___ Basement Plumbing: _____

Number of Bedrooms: _____ Water supply: Utility _____ Well _____ Spring _____

Number of outbuildings intended for property: _____ Additional Detached Garage: Yes ___ No ___

Pool: Yes ___ No ___ In-ground ___ Above ground ___ Pool House: Yes ___ No ___

Will Pool House have any plumbing (sink(s), shower(s), etc.): Yes ___ No ___

Driveway style: Circle Drive ___ Front Entry ___ Side Entry ___ Rear Entry ___ # of Drive Ways: _____

****** Commercial ******

Type of Commercial use intended: _____ Lot size: _____

Restroom facilities: Public use: ___ Private/Employees Only: ___ # of facilities planned: _____

Capacity size (estimate number of people to be served by restroom facilities): _____

DATE: _____ SIGNATURE: _____

DRAW DIAGRAM OF LOT WITH LOCATION OF STRUCTURE(S) AND DRIVEWAY ON BACK OF APPLICATION

Date: _____ Receipt Number: _____ Amount Paid: \$ _____