

Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

Health Officer, Scott T. LeRoy, MPH, MS

APPLICATION FOR WATER/SEWAGE VERIFICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. FEE, SITE PLAN, & FLOOR PLAN MUST ACCOMPANY THIS APPLICATION

DIRECTIONS: Per COMAR 26.04.02. OR 26.04.03), this application required for any/all improvements/changes on property. Please complete all requested information in boxes below, attach current fee, floor plan, site plan, and mail to address below.

Please allow minimum of 30 days processing time.	
OWNER AND PROPERTY INFORMATION	PROJECT INFORMATION
First and Last Name	 □ Accessory Dwelling Unit: #units and & bedrooms per/unit □ Accessory Structures (sheds, garages, residential pole buildings, etc.) □ Commercial Alteration □ Commercial Addition
Mailing address (street or PO Box)	□ Commercial – Misc. □ Deck/Patio/Porch: Open Enclosed □ Demolition □ Driveway
Mailing address: City, State, ZIP	 □ Farm Structure □ Home Occupation Use □ Lot Line Revision – not required when consolidating lots/parcels
Day Phone Cell Phone	 □ Pool: In-Ground Above Ground □ Residential Addition □ Residential Alteration
Owner's email	 □ Residential – Misc. □ Sidewalks or Fencing □ Single Family Dwelling □ Solar Panels (Ground Mounted)
Secondary email	□ Special Use/Change of Use □ SRA Revision □ Subdivision Review (existing structures or SRA)
Property Location (911 Address)	☐ Temporary Structure ☐ OTHER, (Such as Communications Tower, Sign, etc.; explain below)
Property Tax ID Number	OWNER'S DESCRIPTION OF PROPOSAL: (INCLUDE DIMENSIONS)
TAX MAP BLOCK/GRID PARCEL LOT SUB'D:	
SUB D	
Stake proposed improvements and submit a scaled drawing (engineer scale to be 1"=40'; 50', 60' or 100'). Scaled drawing or "Site Plan" must show: proposed improvements and existing: property lines, buildings, residential and farm well(s), underground water lines, septic system(s), driveway(s), streams, ponds. MUST BE A MINIMUM 10' FROM SRA/SEPTIC (25' FROM SAND	SQUARE FEET: Existing: Addition/New: BEDROOMS: Existing: Addition/New: Addition/New:
MOUND/SRA) & 30' FROM WELL	OWNER'S CHECKLIST
FLOOR PLAN REQUIRED A floor plan is required for a proposal which alters interior spaces and for residential or commercial proposals which add space. Show existing and proposed floor plans. Also write in "Owner's	APPLICATION SIGNED AND DATED: (Must be ORIGINAL signature by current owner) SITE PLAN ATTACHED FLOOR PLAN ATTACHED (if applicable) \$40 CASH, CHECK, or MONEY ORDER PAYABLE TO "CAROLINE COUNTY HEALTH DEPT."
Description of Proposal:" additional and proposed square footage, and number of bedrooms, <i>if applicable</i> .	OWNER'S SIGNATURE REQUIRED DATE IF YOU ARE NOT THE OWNER, THEN YOU MUST FILL OUT THE AUTHORIZATION FORM
H.D. USE ONLY: Date Rec'd: Rec'd By:	Receipt#: PT ID#: CS:
	(_) EMAIL (_) MAIL (_)PICK UP