

CAROLINE COUNTY ENVIRONMENTAL HEALTH

REQUEST FOR SANITARY CONSTRUCTION PERMIT SPECIFICATIONS FOR SITE PLANS *

DATE: _____
REQUESTED BY: _____
COMPANY: _____
PHONE #: _____ CELL: _____
EMAIL: _____
FAX: _____

PROPERTY INFORMATION*

PROPERTY OWNER: _____ OWNERS PHONE#: _____
OWNERS EMAIL: _____
TAX MAP: _____ BLOCK: _____ PARCEL: _____ LOT: _____
TAX ID# _____ **CRITICAL AREA:** () YES () NO
911 Address (if known): _____

PROJECT INFORMATION*

RESIDENTIAL COMMERCIAL
_____ # BEDROOMS EMPLOYEES # _____
_____ # PEOPLE MAX. GAL/DAY _____
_____ DWELLING SQ. FT. BUILDING SQ. FT. _____
BASEMENT: () YES () NO

Incomplete requests will not be processed. If there are any questions please call 410-479-8045

FOR HEALTH DEPARTMENT USE

EMAIL: erica.plank@maryland.gov FAX: Erica Plank 410-479-4082
DATE RECEIVED: _____ DATE RETURNED: _____
COMMENTS:

