



SEWAGE AND WATER ALLOCATION CERTIFICATE

NAME OF TOWN: _____

DATE: _____

ADDRESS: _____

FAX: _____

CITY/STATE/ZIP _____

Proposed Project:

___ Single family dwelling (number of lots _____)

___ Multi-family dwelling (Duplex, number of units _____)

___ Commercial/Industrial, Type of Business _____ and # employees ____

Name of Project: _____

(Please put Owner's name **and** Business name if applicable)

Property Tax ID: _____

Location of Project: _____

(911 # and Road Name)

_____/_____/_____/_____
Map Block Parcel Lot #

Is sewer and/or water supply extension needed? () Yes

() No

HEALTH DEPARTMENT USE:

Approved by: _____ Date: _____ Est. Flow: _____ GPD.

This results in a net available flow of _____ GPD.

THIS APPROVAL HEREBY CONFIRMS THE REQUIREMENTS OF THE ANNOTATED CODE OF MARYLAND, ENVIRONMENTAL ARTICLE §-512 HAVE BEEN MET. THE APPROVAL AND ISSUANCE OF ANY BUILDING PERMIT FOR THE PROJECT IS THE JURISDICTION OF THE TOWN.

Health Dept. Rc'd: _____

TOWN USE: To the Health Department: This available flow has been reviewed and is granted to the applicant for the proposed use.

If not utilized, this allocation expires _____, unless an extension is granted.

Approved by: _____

Date: _____

Town Rc'd: _____