



SANITARY CONSTRUCTION AND/OR SEWAGE HAULER LICENSE APPLICATION

DIRECTIONS: Complete items A-M attach fee and attach the certificate of commercial liability insurance & workmen's compensation naming Caroline County Environmental Health Department as a certificate holder.

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

A. Name of Business: _____

B. Owner of Business (one person) _____
FIRST NAME LAST NAME:

C. Mailing Address: _____
Street address or P.O. Box number, City, State, ZIP--this is where permit and renewal applications will be sent.

D. PHONES: DAY: _____ CELL: _____ FAX: _____

E. EMAIL: _____

F. TYPE OF LICENSE (select ONE of the following):

- Installer only (**\$250 fee**)
- Hauler only (**\$250 fee**)
- Both Sewage Hauler and Septic System Installer (**\$500 fee**)

Please make cash, check, or money order payable to CAROLINE COUNTY HEALTH DEPARTMENT

G. List on back mechanical equipment you own to install and/or pump septic systems.

H. Do you own a surveyors level? Yes No

I. List on back other licenses (past or current) you hold or have held relating to sanitary construction.

J. List on back the names of individuals in your firm who you are authorizing to sign on your behalf for permits to construct on-site septic systems

K. Describe on back any experience you have relating to sanitary construction and/or hauling sewage.

L. If hauler, attach copy of most recent truck inspection (if inspected in another Maryland county). If your truck(s) is not inspected by a Maryland county, call 410/479-8045 to schedule an inspection--this application, insurance and fee must be received *before* the time of inspection. **Written agreement to dump waste at approved facility required also.**

M. If Installer: Certifications: BAT Sand Mound At-Grade Other: _____
Please submit a copy of ALL certifications

N. Signature: _____ Date: _____
Checklist: Application Signed & Dated Certifications attached Other: _____
 Fee enclosed Reverse is completed to best of ability _____

-----HEALTH DEPARTMENT ONLY-----

DATE REC'D:	RECEIPT#:	LICENSE ID#:	At-Grade:
REC'D BY:	\$ AMOUNT:	PERMIT ISSUED:	BAT/ Sand Mound <input type="checkbox"/> B <input type="checkbox"/> M

G: List of mechanical equipment you own to install and/or pump septic systems

MAKE	MODEL #	YEAR

I: Other county licenses (past or current) you hold or have held relating to Sanitary Construction.

COUNTY	EXPIRATION DATE

J: Submit list of individuals in your firm who you are authorizing to sign on your behalf

PRINTED NAME	SIGNATURE

K: Experience you have/had relating to sanitary construction and/or hauling sewage.

OTHER:
