



## 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 the address above.

**Please allow minimum of 30 days processing time.**

### OWNER AND PROPERTY INFORMATION

First and Last Name \_\_\_\_\_

Mailing address (Street or PO Box) \_\_\_\_\_

Mailing address: City, State, ZIP \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Owner's email \_\_\_\_\_

Secondary email \_\_\_\_\_

Property Location (911 Address) \_\_\_\_\_

Property Tax ID Number \_\_\_\_\_

TAX MAP -- BLOCK/GRID -- PARCEL -- LOT \_\_\_\_\_

SUB'D: \_\_\_\_\_

### PROJECT INFORMATION

- Accessory Dwelling Unit: \_\_\_\_\_ #units and & \_\_\_\_\_ bedrooms per/unit
- Accessory Structures (*sheds, garages, residential pole buildings, etc.*)
- Commercial Alteration
- Commercial Addition
- Commercial – Misc.
- Deck/Patio/Porch: \_\_\_\_\_ Open \_\_\_\_\_ Enclosed
- Demolition
- Driveway
- Farm Structure
- Home Occupation Use
- Lot Line Revision (*Not required when consolidating lots/parcels*)
- Pool: \_\_\_\_\_ In-Ground (*25' to SRA*) or \_\_\_\_\_ Above Ground (*15' to SRA*)
- Residential Addition
- Residential Remodel
- Residential – Misc.
- Sidewalks or Fencing
- Single Family Dwelling
- Solar Panels (*Ground Mounted*)
- Special Use/Change of Use
- SRA Revision
- Subdivision Review (*existing structures or SRA*)
- Temporary Structure
- OTHER, (*Such as Communications Tower, Sign, etc.; explain below*)

### OWNER'S DESCRIPTION OF PROPOSAL: INCLUDE DIMENSIONS\*\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SQUARE FEET:** Existing: \_\_\_\_\_ Addition/New: \_\_\_\_\_  
**BEDROOMS:** Existing: \_\_\_\_\_ Addition/New: \_\_\_\_\_

### OWNER'S CHECKLIST

- 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."

X \_\_\_\_\_ DATE \_\_\_\_\_  
**OWNER'S SIGNATURE REQUIRED**  
**IF YOU ARE NOT THE OWNER, THEN YOU MUST FILL OUT THE AUTHORIZATION FORM**

### SITE PLAN REQUIRED\*\*

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.

**MINIMUM SETBACKS: 30' FROM WELL  
 10' FROM SRA/SEPTIC (25' FROM SAND MOUND/SRA)**

### 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 Description of Proposal:" additional and proposed square footage, and number of bedrooms, *if applicable*.

**H.D. USE ONLY:** Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Receipt#: \_\_\_\_\_ PT ID#: \_\_\_\_\_ CS: \_\_\_\_\_

- EMAIL
- MAIL
- PICK UP