



## APPLICATION FOR WATER/SEWAGE VERIFICATION

**DIRECTIONS:** 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. Proposed project to be staked out prior to application submittal

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**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 \_\_\_\_\_

Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

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

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

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

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

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

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

**MINIMUM SETBACKS: 30' FROM WELL**

**\*10' FROM SRA/SEPTIC (EXCLUDING POOLS)**

**(25' FROM SAND MOUND/SRA) (INCLUDING POOLS)**

### 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, ditches.

### FLOOR PLAN REQUIRED\*\*

A floor plan is required for a proposal which alters interior spaces for residential or commercial proposals which add space. Show existing and proposed floor plans. *If applicable.*

### PROJECT INFORMATION (check all that apply)

- 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 SCP\**) or \_\_\_\_ Above Ground (*15' to SCP\**)
- Residential Addition
- Residential Alteration
- 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** \_\_\_\_\_ **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