

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

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**STATE OF MARYLAND
REQUEST FOR RENEWAL**

Name _____

Mailing Address _____

_____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address: _____

- Type of Request:** Sanitary Construction Permit Renewal (expires in 2 years)
 Site Evaluation/Percolation Test Results Renewal (expires in 2 years)

Request for Renewal Fee Due at time of submittal

***Conventional Residential sewage disposal systems are currently designed using the square footage of enclosed living space to determine design flow, however many older permits and site evaluation/percolation test results were likely designed using bedrooms as a measure of design flow. All renewal requests will be evaluated using the square footage method. Permits/results may be renewed without change if found to be acceptable to the reviewer. The previous design must be found to be of greater or equal capacity to the requirements under the current square footage model in order to be approved. If previous approval was granted utilizing bedrooms for design flow determination and reassessment of specifications is requested utilizing square footage, a new application and fee will be required.**

PROPERTY IDENTIFICATION

Tax ID Number (Account number from Tax Bill) _____

Property Address _____

Subdivision _____

Lot _____ Block _____ Section _____ Map _____ Parcel _____

Square footage of enclosed living space of proposed residential dwelling: _____

Signature _____ Date _____

Approved Denied Reviewer: _____

If approved, Expiration Date: _____ Comments: _____
