



Division of Environmental Health
P.O. Box 980
Prince Frederick, MD 20678
(410) 535-3922

REQUEST FOR APPROVAL OF PROPOSED SUBDIVISION

The permit fee is listed on page 1 of the Environmental Health Fee Schedule for Current Fee Rate per Lot

APPLICATION TO BE SUBMITTED WITH THREE WHITE PRINTS OF THE SUBDIVISION PLAT

Plat Submitted By: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____



Subdivision Name: _____

Street Address of Property: _____

City: _____ State: _____ Zip: _____ Map: _____ Parcel: _____

Tax ID#: _____ Lot: _____ Blk: _____ Sec: _____



Owner of Property: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Name of Agent/Builder: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____



Water Supply: Public Individual Wells If Individual Wells, Distance from Nearest Public Water Supply: _____

Sewage Disposal: Public Individual System If Individual System, Distance from Nearest Public Sewer: _____

Total Area of Subdivision: _____ Number of Lots: _____

Width of Narrowest Lot: _____ Area of Smallest Lot: _____

Lots to be Sold: Vacant: _____ Improved: _____

The applicant hereby certifies and acknowledges as follows:

The applicant hereby certifies and agrees that: 1. I am the owner of the property or an authorized representative of the owner of the property (documentations required with owners' signature). 2. The information provided is accurate. 3. The owner of the property grants the Calvert County Health Department staff the right to enter onto the property at a reasonable time for any reason necessary to conduct or complete a review of this application. 4. It is the responsibility of the applicant to ensure that the subject property boundaries and/or test locations are staked out on-site by a licensed surveyor prior to percolation testing being conducted. 5. A plan drawn to scale with proposed percolation testing locations, proposed building location, proposed well site and topography must be submitted along with this application. The approving authority shall require at least two satisfactory percolation test on each lot at the approximate disposal site. Adequate sewage disposal area must be established for lot(s) with existing dwellings. 6. No work will be performed on the above-mentioned property that is not specifically described in this application.

Owner's Signature Date

Agent/Builder Signature Date

Upon approval of the proposed subdivision, one white print bearing the approval of the County Health Department shall be returned to the applicant. He/She shall file the approved copy with the Clerk of the County Court.

AP#: _____	Paid: _____
Receipt: _____	Received by: _____