

**Application for
WATER & SEWERAGE
SYSTEM
RESIDENTIAL**



Office Use Only

W&S/ EH A/P # _____
 W&S Account # _____
 Received By: _____ Date: _____
 Building A/P # _____

Calvert County Department of Public Works, Water & Sewerage Division, 150 Main Street, Suite 335, Prince Frederick, MD 20678
 (410) 535-1600 (301) 855-1243

Property Owner Information	Name: _____					<input type="checkbox"/> Non-Profit Organization
	Phone: _____	Mobile #: _____	E-mail: _____			
	Mailing Address: _____		City: _____	State: _____	Zip: _____	
Property Location Information	Town: _____		Town Center: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lot Size or Acreage: _____		
	Subdivision Name: _____					
	District <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> North Beach – Within Town Limits		<input type="checkbox"/> Chesapeake Beach – Within Town Limits		
	<input type="checkbox"/> Private Community (Name: _____)					
	Premise Address: _____		City: _____	State: _____	Zip: _____	
Directions to site from Courthouse: _____						
Additional Property Information	<i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search</i>					
	Tax ID# _____	Map _____	Parcel _____	Block _____	Lot _____	Section _____
	County Project <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Category W - _____		Sewer Category S - _____	
	WATER: <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Well SEWER: <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Septic Tank					
Billing Information	Name: _____					
	Mailing Address: _____		City: _____	State: _____	Zip: _____	
	Phone: _____	Mobile #: _____	E-mail: _____			

PROPOSED PROJECT INFORMATION

DESCRIPTION OF PROPOSED WORK: _____
PROPOSED Sq. Ft.: _____ **EXISTING Sq. Ft.:** _____

APPLICATION TYPE

Site Plan **Public Works Agreement** **PUPP Agreement** **Building**

NEW CONSTRUCTION

PROPOSED TYPE OF WORK:
 Add to Existing Structure Demolition of Structure New Replace Existing Structure Other _____

TYPE OF PROPOSED STRUCTURE:
 Accessory Apartment Mobile Home Low-Rise Apartment/Condo Modular Residential Addition
 Res. Accessory Structure SF Attached/Detached Dwelling Town House Other _____

TYPE OF PROPOSED ADDITION:
 Attached Garage Apartment Other _____

TYPE OF PROPOSED ACCESSORY STRUCTURE: Garage / Workshop Shed / Pole Barn Pool [Gallons _____]
 Apartment Other _____

PROPOSED EXTERIOR INSTALLATION: Irrigation System Other _____

EXISTING: <input type="checkbox"/> N/A	# Kitchens: _____	# Sinks: _____	# Half Baths: _____	# Toilets: _____	# Full Baths: _____	# Bedrooms: _____
PROPOSED: <input type="checkbox"/> N/A	# Kitchens: _____	# Sinks: _____	# Half Baths: _____	# Toilets: _____	# Full Baths: _____	# Bedrooms: _____

I hereby certify that I have read and understood the above requirements; and I have the authority to make this application and the information given is correct. I understand all applicable fees must be paid in full prior to the issuance of a Water & Sewerage Permit. It is further understood Capital Connection fees are non-refundable, non-transferable and are subject to forfeiture if after 2 years from the date of the initial payment the proposed work herein is not completed, minimum user fees and debt service payments will be due.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____ **DATE:** _____

PLEASE PRINT NAME: _____

Phone #: _____ **Mobile #:** _____ **Email:** _____

This application must be signed by the owner or agent, the Water & Sewerage Division, and the Environmental Health Department prior to submittal of the Building Permit Application to the Inspections & Permits Division.

Office Use Only

Calvert County Department of Public Works, Bureau of Utilities, Water & Sewerage Division:

Approved by: _____ **Date** _____ **# Cap. Connections Assessed:** _____

Calvert County Health Department, Division of Environmental Health:

County Health Officer: _____ **Date:** _____