SEWAGE DISPOSAL PRINCE GEORGE'S CO. DEPARTMENT OF **PERMIT** PERMITTING, INSPECTIONS & ENFORCEMENT Case No. APPLICATION Health Department - Environmental Engineering Program 9400 Peppercorn Place - 1st Floor, Largo, Maryland 20774 (301) 883-7606 **Application fee:** \$495.00 + 5% Technology Fee of \$24.75 for a total of \$519.75 (Per Prince George's County Code, Subtitle 2, Sec 2-252.63) (Please make checks payable to "Prince George's County") (Check) New System Upgrade Remodel Applicant: Septic System Address: Contractor: Telephone: ( ) Subdivision Name: Grid: E-mail address: Tax Map: Lot: Block: Owner: Parcel: Address: Tax Acct. No. (required) Property Address: Telephone: ( Date of Recordation: 6 5 4 3 Building use: Sewer Service Area (circle): Are there any easements on the property? Yes No If yes, show the location(s) on the site plan. WATER SUPPLY Public water Deep well Shallow well Is public water available to the property? Yes No (Circle) Are there any wells within 100 feet of the property lines? Yes No RESIDENTIAL Number of bedrooms: **STRUCTURES** Square footage of house: 1st Floor: 2nd Floor: Basement: Total: Is there now or will there be basement plumbing? COMMERCIAL Type of business: Total square footage of building(s): STRUCTURES Est. number of employees and visitors per day: Will there be any food service? Attach two (2) sets of site plans showing the following: (Six sets will be required for final approval.) A. Location and elevation of the proposed structure B. Design and location of the proposed sewage disposal system. (A licensed contractor/engineer can do this for you.) C. Profile of the proposed sewage disposal system showing all elevations. D. Location and elevation of all underground utilities. E. Location of all wells within 100 feet of the sewage disposal system. F. Location of all easements on the property. G. Location of streams within 200 feet of the sewage disposal system. H. Original and final contours of the property at 1 foot or 2 foot intervals, showing the original and final grading. I have carefully examined and read the above application and know the same to be true and correct. All provisions of the Prince George's County Code and laws of the State of Maryland will be complied with. Signature: Date: WORKERS COMPENSATION INSURANCE INFORMATION Name of Insurance Company: Policy # (If a waiver or an exemption has been received or if you are self-insured, attach a copy of the appropriate certificate.) For Office Use Only Receipt No. Date: Amount: Received by: