

**Application for
WATER & SEWERAGE
SYSTEM
COMMERCIAL**



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, 205 Main Street, Floor 1, Prince Frederick, MD 20678
 (410) 535-1600 ext 2554 (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: _____	
	Commercial Center Name: _____				Unit #: _____	Suite #: _____
	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	Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search					
	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					
Engineer Information	Company/Contact Name: _____			Mailing Address: _____		
	Phone: _____		Mobile #: _____		E-mail: _____	
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 Review White Box Tenant Fit-out Shell Building PWA PUPP

NEW CONSTRUCTION

PROPOSED TYPE OF WORK: Add to Existing Structure – Use of Addition _____ Demolition of Structure New Remodel / Repair Existing Structure Replace Existing Structure Seasonal

TYPE OF PROPOSED STRUCTURE: Comm Accessory Structure Comm Building Comm Kitchen Comm. Addition Construction Trailer Classroom Trailer Shell White Box Tenant Fit-out Other _____

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

PROPOSED EXTERIOR INSTALLATION: Refrigeration Unit (Water Cooler) Yard Hydrant Irrigation System Grease Trap [Gallons _____] Other _____

EXISTING N/A # Kitchens: _____ # Sinks: _____ # Half Baths: _____ # Toilets: _____ # Full Baths: _____

PROPOSED: N/A # Kitchens: _____ # Sinks: _____ # Half Baths: _____ # Toilets: _____ # Full Baths: _____

USE PERMIT WITHOUT MODIFICATION

Existing Use: _____ Former Occupant: _____

PROPOSED TYPE OF USE

PLEASE SPECIFY COMPANY/BUSINESS NAME:

Assembly (civic, social, religious, recreations, food/drink) Number of Occupants / Patrons: _____ Institutional (Detention Center, Hospital, etc.) # Beds _____ # Staff _____

Business (office, professional, service) # Staff _____ Mercantile (display and sale of merchandise)

Educational (school) Educational (day care) Number of Classrooms: _____ Number of Rooms: _____
 Number of Enrollment (Including Staff): _____ Residential (hotels, assisted living) Number of Clients: _____

Factory Industrial (assembling, fabricating, manufacturing, repair, etc) Storage (warehouse)

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/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, Water & Sewerage Division:
Approved by: _____ **Date** _____ **# Cap. Connections Assessed:** _____

Calvert County Health Department, Division of Environmental Health:
County Health Officer: _____ **Date:** _____