



# DORCHESTER COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

"Working For Healthier People"

3 Cedar Street  
Cambridge, MD 21613

410-228-1167  
FAX: 410-901-8192

William C. Forlifer, RS  
Director

Roger L. Harrell, MHA  
Health Officer

## APPLICATION FOR SANITARY CONSTRUCTION PERMIT

OWNER: \_\_\_\_\_  
(NAME) (HOME PHONE) (WORK PHONE)

MAILING ADDRESS: \_\_\_\_\_  
(NUMBER & STREET OR PO BOX) (CITY, STATE, ZIP)

EMAIL: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
(911 ADDRESS) (CITY, STATE, ZIP)

SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_

MAP, BLOCK, PARCEL: \_\_\_\_\_ LOT#: \_\_\_\_\_ SIZE OF LOT/PARCEL: \_\_\_\_\_

NEW CONSTRUCTION  REMODELING  ADDITION  NO CONSTRUCTION OTHER THAN:  
SEWAGE DISPOSAL  WATER SUPPLY

PROPOSED STRUCTURE USAGE:  
RESIDENTIAL  COMMERCIAL  \_\_\_\_\_  
(NOTE PLANNED USAGE)

IF RESIDENTIAL STATE NUMBER OF BEDROOMS: \_\_\_\_\_ IF COMMERCIAL STATE NUMBER OF PERSONS: \_\_\_\_\_

**WATER SUPPLY:** PROPOSED  NEW  REPLACEMENT  REASON \_\_\_\_\_

TYPE (i.e. irrigation, residential, etc.): \_\_\_\_\_

**SEWAGE SYSTEM:** PROPOSED  NEW  REPLACEMENT  TANK REPLACEMENT

TYPE (i.e. B.I.P, subsurface trench, mound): \_\_\_\_\_

X \_\_\_\_\_  
(APPLICANT SIGNATURE) (DATE)

PLEASE NOTE: THIS IS AN INTERIM PERMIT APPLICATION. THE PERMIT ISSUED IS FOR AN INTERIM INDIVIDUAL WATER AND/OR INTERIM INDIVIDUAL SEWAGE SYSTEM. THE APPLICANT OR ANY FUTURE OWNER MUST DISCONTINUE USE OF THESE INDIVIDUAL SYSTEM(S) AND CONNECT TO THE COMMUNITY SYSTEM WHEN IT BECOMES AVAILABLE.

IMPORTANT: NO BUILDING CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING DORCHESTER COUNTY HEALTH DEPARTMENT PERMIT(S).

OFFICE USE ONLY

APPROVED FOR PERMIT BY: \_\_\_\_\_  
(SANITARIAN) (DATE)

RECEIPT #: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_ SEPTIC PMT #: \_\_\_\_\_

PERMIT(S) FEE: \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_