

**APPLICATION FOR REVIEW OF WELL/SEPTIC PLAN FOR
LOTS, PARCELS, or ACCESSORY DWELLING UNITS**

(to be completed by the owner or authorized agent and submitted to the Carroll County Health Department with three (3) copies of the preliminary plan)

PROPERTY/SUBDIVISION NAME (w/section): _____ LOT # (if existing lot): _____

ELECTION DISTRICT: _____ TAX MAP REFERENCE: Tax Map: _____ ; Block(s): _____ ; Parcel(s): _____

LOCATION: [] North, [] South, [] East, [] West side of _____ (name of road)
 _____ feet [] North, [] South, [] East, [] West of _____ (name of intersecting road).

USE: [] single family residence [] two family residence (duplex or accessory dwelling unit) [] commercial / industrial

SEND ORIGINAL CORRESPONDENCE TO:

SURVEYOR: _____ TELEPHONE: _____

ADDRESS: _____

PLEASE COPY CORRESPONDENCE TO:

PROPERTY OWNER: _____ TELEPHONE: _____

ADDRESS: _____

OTHER: _____ TELEPHONE: _____

ADDRESS: _____

LOT, PARCEL, or ACCESSORY DWELLING UNIT INFORMATION	Number	Area
Proposed lot(s)/parcels <u>requiring a record plat</u> (include remainder unless exempted)	_____ lot(s)/parcel(s)	_____
Proposed lot(s)/parcel(s) <u>not requiring a record plat</u> (e.g., Off-conveyances)	_____ lot(s)/parcel(s)	_____ acres
Proposed Accessory Dwelling Unit and existing house (enter 2 "lots" and total parcel area)	_____ lot(s)/parcel(s)	_____ acres
Existing unimproved parcel(s) created <u>as of November 17, 1985*</u> , without Health Dept. approval.	_____ lot(s)/parcel(s)	_____ acres
Existing unimproved parcel(s) created <u>after November 17, 1985*</u> , without Health Dept. approval.	_____ lot(s)/parcel(s)	_____
Existing unimproved lot(s) created with Health Department approval (provide approval info.)	_____ lot(s)/parcel(s)	_____
* Deed documentation is required Total Number and Area of Lot(s)/Parcel(s):	_____ lot(s)/parcel(s)	_____ acres

WATER SUPPLY: [] Public [] Private SEWAGE DISPOSAL: [] Public [] Private

Was any portion of this property used as a Septage/Sludge Dump Site within the past three years? [] Yes [] No

Misinformation submitted by applicant may invalidate Carroll County Health Department approvals. Submission of this application authorizes representatives of the Health Department and related governmental agencies to access this property for all required evaluations.

DATE

SIGNATURE

[] OWNER

[] AGENT OF OWNER