

APPLICATION FOR REVIEW OF SITE DEVELOPMENT PLAN

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

PROJECT NAME: _____

PROPOSED USE OF THIS FACILITY: _____

PROPOSED WASTEWATER FLOWS:

	Use (e.g., warehouse, bank,...)	#	Units (e.g., sq. ft., staff,...)	Design flow/unit	Design flow/use
1.	_____	_____	_____	X _____ gallons	= _____ gallons
2.	_____	_____	_____	X _____ gallons	= _____ gallons
3.	_____	_____	_____	X _____ gallons	= _____ gallons
4.	_____	_____	_____	X _____ gallons	= _____ gallons
5.	_____	_____	_____	X _____ gallons	= _____ gallons
6.	_____	_____	_____	X _____ gallons	= _____ gallons
Total wastewater flow					= _____ gallons

LOCATION: Subdivision Name (if any): _____ Section: _____ Lot: _____

[] North, [] South, [] East, [] West side of _____ (name of road)

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

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

PARCEL / LOT SIZE: _____ ZONING: _____

SEND ORIGINAL CORRESPONDENCE TO:

SURVEYOR: _____ TELEPHONE: _____

ADDRESS: _____

PLEASE COPY CORRESPONDENCE TO:

PROPERTY OWNER: _____ TELEPHONE: _____

ADDRESS: _____

OTHER: _____ TELEPHONE: _____

ADDRESS: _____

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

Is this project subject to review by EPA or Maryland Department of the Environment? _____ Explain: _____

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