



Somerset County Health Department
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TDD 1-800-735-2258
Health Officer: Danielle Weber, MS, RN

SANITARY SURVEY APPLICATION

Fee: \$150

Please Check One:

☐ Adoption

Number in Family: _____

☐ Day Care

Number of Children: _____

☐ Foster Care

Name: _____

Phone: _____

Email: _____

Street Address: _____

City, State, Zip Code: _____

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Trash Disposal:

☐ Public

☐ Private

Milk Supply:

Purchased from _____

Food Refrigeration:

☐ Electric

☐ Ice Box/Cooler

☐ Other _____ ☐ N/A

Heating System:

☐ Gas/Oil Furnace

☐ Heat Pump

☐ Baseboard

☐ Wood/Coal Stove ☐ Kerosene Stove

Bedrooms:

Number of Bedrooms: _____

Number of Sleeping/Napping Spaces: _____

Pets/Animals:

Number of Pets: _____

Rabies Vaccination Expiration: _____

Signature of Applicant: _____

Date: _____

Requesting Agency: _____

All fees are due at time of application and are a non-refundable filing and processing fee.