



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258

Health Officer: Danielle Weber, MS, RN

WATER AND SEWER VERIFICATION APPLICATION – FEE: \$100

Please attach a copy of the Somerset County Zoning Application from the Somerset County Department of Technical and Community Services.

Applicant must submit this application and \$100 fee along with floor plans and a site plan that includes property lines, the proposed building site, existing and proposed improvements, and the location of existing and proposed water supply wells, sewage disposal systems and sewage disposal areas.

Property Owner Name:		Applicant Name:	
Property Owner Phone:		Applicant Phone:	
Property Owner Email:		Applicant Email:	
Property Owner Mailing Address:		Applicant Mailing Address:	
Location of Property:		Property Tax ID:	
Tax Map:	Grid:	Parcel:	Lot #:
Type of Proposed Building: <input type="checkbox"/> New Construction / Replacement Dwelling <input type="checkbox"/> Addition to Existing Structure <input type="checkbox"/> Outbuilding (Pole Barn, Shed, etc) <input type="checkbox"/> Pool <input type="checkbox"/> Commercial Building <input type="checkbox"/> Other: _____		Description of Project: _____ _____ _____ _____ Will the project contain interior plumbing? Yes No Are additional bedrooms being added? Yes No	
Applicant's Authorization: The applicant hereby certifies and agrees as follow: (1) they are authorized to make this application; (2) if they are not the owner, then they legally represent the owner and have received permission to make this application on their behalf; (3) the information is correct; (4) grants county officials the right to enter the property for the purpose of site work; (5) understands that the applicant may have to provide, at their own cost, additional services as needed, such as the locating of wells, a third-party inspection of the on-site sewage disposal system or having the property boundaries or sewage reserve area survey staked; (6) understands that Health Department approval does not guarantee that a property is buildable. Applicants are advised to consult with all regulatory agencies regarding the feasibility of a proposal. Applicant's Signature: _____ Date: _____ Primary Contact Person: _____ Phone: _____			

Contact the Environmental Health office of the Somerset County Health Department once the building site is visibly marked and easily accessible. Work will not begin until this step is completed and the Health Department is notified (443-523-1700). If a BAT tank is present, service may be required prior to approval. **Application expires 24 months after submittal.**

*****DO NOT WRITE BELOW THIS LINE – SCHD USE ONLY*****

Proposal: ☐ Approved ☐ Disapproved Date: _____ Initials: _____

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