



**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

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### **Water and Sewer Verification (Building Permit) Information**

A building permit is required for most structures within Somerset County, and applicants should contact the Somerset County Planning & Zoning office (also known as the Somerset County Department of Technical and Community Services, or DTCS, located at 11916 Somerset Ave, Room #211, Princess Anne, MD 21853, 410-651-1424) to receive a Somerset County Zoning Application (building permit). Once the Zoning Application is received from Planning & Zoning, it should be submitted to the Somerset County Health Department, along with this application and fee, for a water and sewer verification.

#### **What is a water and sewer verification, and what properties in Somerset County require verification?**

Water and sewer verification is the approval or denial by the Somerset County Health Department of a proposed Somerset County Zoning Application (building permit) obtained from Planning & Zoning (DTCS). In general, any property that is not served by **both** public water **and** sewer is required to have the Health Department review and verify their building permit. This applies to residential, commercial and agricultural structures. If the property has a well or a septic system on it, or if it could in the future, it requires Health Department approval.

#### **Why does the Health Department need to verify and approve my building permit?**

The Health Department oversees the regulations concerning water supply wells and septic systems in Somerset County. This authority is granted by the Maryland Department of the Environment. The Health Department needs to verify that all setbacks and other regulatory requirements are met by the proposed structure. Setbacks include 30' from any water supply well, 25' to any sand mound and 10' to any other component of the on-site sewage disposal system and the sewage reserve area.

#### **How do I need to prepare my property?**

The building site must be marked, meaning the corners of the proposed structure should be indicated by placing either flags or paint on the property. **After marking, please contact the Health Department (443-523-1700) so that field work can begin.**

#### **Are there additional costs or requirements?**

It may be necessary to have either the property boundaries or the sewage reserve area survey staked so that their exact locations can be determined. If the existing septic system is to remain in use for a replacement home, a third-party inspection of the system is required. If the property has a BAT septic tank installed, it must be up to date on service and maintenance. These costs can vary and are the responsibility of the applicant.

#### **What happens when my permit is approved by the health department?**

When a building permit is approved, the Health Department will sign, date and send the Zoning Application to the Planning & Zoning office (DTCS).

#### **What happens when my permit is denied by the health department?**

If a proposal cannot proceed as submitted, the Health Department will consult with the applicant to try and determine a path towards approval. If no pathway exists, the Health Department will preliminarily deny the application and offer an informal conference with the applicant and the Maryland Department of the Environment.

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



**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

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**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	
<b>Applicant's Authorization:</b> 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.			
<b>Applicant's Signature:</b> _____		<b>Date:</b> _____	
<b>Primary Contact Person:</b> _____		<b>Phone:</b> _____	

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: \_\_\_\_\_

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