



Application for Plat Review

ENVIRONMENTAL HEALTH

www.wicomicohealth.org

410-546-4446

Property ID: _____

Application Date: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Surveyor: _____

Phone: _____ Email: _____

Property Location: _____

Tax Map: _____ Parcel: _____ Section: _____ Block: _____ Lot: _____

Subdivision: _____

- \$200 Private Well/Septic (up to 3 lots)
- \$150 Public Well/Septic (up to 3 lots)
- \$50 each additional lot Total # of lots: _____
- \$50 Resignature Fee

OWNER/SURVEYOR SIGNATURE

I own the property, or represent the property owner, described above and grant permission for department personnel to enter thereon and perform tests, and indemnify the department and its agents from any claims arising there from. I understand that no refunds will be given once fieldwork has commenced or 30 days from the date of this application.

For Office Use Only:

Cash Credit/Debit Check #: _____ Receipt #: _____

Clerk: _____

Date Received: _____