



DEPARTMENT OF  
**PLANNING  
& ZONING**

## Request for Determination of Adequacy: Solid Waste Disposal

### Development Review

150 Main Street, 3<sup>rd</sup> Floor, Prince Frederick, MD 20678

Phone: 410-535-2348 | 410-535-1600, ext. 2356

MD Relay: 800-735-2258 | Fax: 410-414-3092

Email Completed APF Forms → for Site Plan Submittals: [DevRev@calvertcountymd.gov](mailto:DevRev@calvertcountymd.gov)

→ for Recording Package Submittals: [Plats@calvertcountymd.gov](mailto:Plats@calvertcountymd.gov)

**This document should be uploaded via the "Electronic Documents" section of the Encompass Online Portal if the project application is being submitted, or was initially submitted, via the Online Portal.**

This form is required as described in Calvert County Code Chapter 3. When a project requires APF, please complete and submit this form with the initial application. This will provide awareness to the various departments, which will then provide the applicant with information regarding current status. When the project reaches Final approvals, these documents must be resubmitted with the initial package to ensure that the department remains adequate and/or the mitigation suggested at initial document review has been completed.

### Project Information

Date Submitted: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

County Road Frontage: \_\_\_\_\_

State Highway Road Frontage: \_\_\_\_\_

Number of Lots in Subdivision: \_\_\_\_\_ Number of APFO Exempt Lots: \_\_\_\_\_

### Systems Currently Serving Project Location

	For Verifier Use Only		
	Verified	Adequate	Inadequate
Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Applicant's Certification

I certify that the information contained in this form is true and complete.

Name of Applicant or Authorized Agent: \_\_\_\_\_

Signature of Applicant or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

### Initial Review (the initial review for adequacy of the services is only valid for six months)

If "inadequate" is marked above, the following mitigation must be provided:

Attach a separate sheet if additional space is needed, including the project name and number at the top of each page.

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**Adequacy: Solid Waste Disposal**

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

County Code Section: Calvert County Code, Chapter 3, Article VI. Solid Waste

Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Verifying Authority (to be completed no more than 30 days prior to Final Approval)**

Verifying Entity: \_\_\_\_\_

County Code Section: Calvert County Code, Chapter 3, Article VI. Solid Waste

Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Notes:

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