

**Application for  
WATER & SEWERAGE  
SYSTEM  
COMMERCIAL**



*Office Use Only*

W&S/ EH A/P # \_\_\_\_\_  
 W&S Account # \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Building A/P # \_\_\_\_\_

**Calvert County Department of Public Works, Water & Sewerage Division**  
 150 Main Street, Suite 205, Prince Frederick, MD 20678 (410) 535-1600 ext 2554 (301) 855-1243

|   |  |           |   |                        |  |  |
|---|--|-----------|---|------------------------|--|--|
| <b>Property Owner Information</b>         | Name: _____  |           |   |                        |  | <input type="checkbox"/> Non-Profit Organization |
|   | Phone: _____   |           | Mobile #: _____   |                        | E-mail: _____  |  |
|   | Mailing Address: _____   |           |   | City: _____            |  | State: _____ Zip: _____                          |
| <b>Property Location Information</b>      | Town: _____  |           | Town Center: <input type="checkbox"/> Yes <input type="checkbox"/> No |                        | Lot Size or Acreage: _____                                     |  |
|   | Commercial Center Name: _____  |           |   |                        | Unit #: _____  | Suite #: _____                                   |
|   | District<br><input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>   |           | <input type="checkbox"/> North Beach – Within Town Limits             |                        | <input type="checkbox"/> Chesapeake Beach – Within Town Limits |  |
|   | <input type="checkbox"/> Private Community (Name: _____)   |           |   |                        |  |  |
|   | Premise Address: _____   |           |   | City: _____            |  | State: _____ Zip: _____                          |
| Directions to site from Courthouse: _____ |  |           |   |                        |  |  |
| <b>Additional Property Information</b>    | <i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search</i>  |           |   |                        |  |  |
|   | Tax ID# _____  | Map _____ | Parcel _____  | Block _____            | Lot _____  | Section _____                                    |
|   | County Project <input type="checkbox"/> Yes <input type="checkbox"/> No Water Category W- _____ Sewer Category S- _____  |           |   |                        |  |  |
|   | <b>WATER:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Well <b>SEWER:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Septic Tank |           |   |                        |  |  |
| <b>Engineer Information</b>               | Company/Contact Name: _____  |           |   | Mailing Address: _____ |  |  |
|   | Phone: _____   |           | Mobile #: _____   |                        | E-mail: _____  |  |
| <b>Billing Information</b>                | Name: _____  |           |   |                        |  |  |
|   | Mailing Address: _____   |           |   | City: _____            |  | State: _____ Zip: _____                          |
|   | Phone: _____   |           | Mobile #: _____   |                        | E-mail: _____  |  |

**PROPOSED PROJECT INFORMATION**

**DESCRIPTION OF PROPOSED WORK:** \_\_\_\_\_

**PROPOSED Sq. Ft.:** \_\_\_\_\_ **EXISTING Sq. Ft.:** \_\_\_\_\_

**APPLICATION TYPE**

Site Plan Review  White Box  Tenant Fit-out  Shell  Building  PWA  PUPP

**NEW CONSTRUCTION**

**PROPOSED TYPE OF WORK:**  Add to Existing Structure – Use of Addition \_\_\_\_\_  Demolition of Structure  New  Remodel / Repair Existing Structure  Replace Existing Structure  Seasonal

**TYPE OF PROPOSED STRUCTURE:**  Comm Accessory Structure  Comm Building  Comm Kitchen  Comm. Addition  Construction Trailer  Classroom Trailer  Shell  White Box  Tenant Fit-out  Other \_\_\_\_\_

**TYPE OF PROPOSED ACCESSORY STRUCTURE:**  Shed / Pole Barn  Pool / Spa [Gallons \_\_\_\_\_]  Other \_\_\_\_\_

**PROPOSED EXTERIOR INSTALLATION:**  Refrigeration Unit (Water Cooler)  Yard Hydrant  Irrigation System  Grease Trap [Gallons \_\_\_\_\_]  Other \_\_\_\_\_

|   |                   |                |                     |                  |                     |
|---|-------------------|----------------|---------------------|------------------|---------------------|
| <b>EXISTING</b> <input type="checkbox"/> N/A  | # Kitchens: _____ | # Sinks: _____ | # Half Baths: _____ | # Toilets: _____ | # Full Baths: _____ |
| <b>PROPOSED:</b> <input type="checkbox"/> N/A | # Kitchens: _____ | # Sinks: _____ | # Half Baths: _____ | # Toilets: _____ | # Full Baths: _____ |

**USE PERMIT WITHOUT MODIFICATION**

Existing Use: \_\_\_\_\_ Former Occupant: \_\_\_\_\_

**PROPOSED TYPE OF USE**

**PLEASE SPECIFY COMPANY/BUSINESS NAME:**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Assembly (civic, social, religious, recreations, food/drink)             | Number of Occupants / Patrons: _____   | <input type="checkbox"/> Institutional (Detention Center, Hospital, etc.)<br># Beds _____ # Staff _____ |
| <input type="checkbox"/> Business (office, professional, service) # Staff _____                   |  | <input type="checkbox"/> Mercantile (display and sale of merchandise)                                   |
| <input type="checkbox"/> Educational (school)   | Number of Classrooms: _____<br>Number of Enrollment (Including Staff): _____ | <input type="checkbox"/> Residential (hotels, assisted living)  |
| <input type="checkbox"/> Educational (day care)   |  | Number of Rooms: _____<br>Number of Clients: _____  |
| <input type="checkbox"/> Factory Industrial (assembling, fabricating, manufacturing, repair, etc) |  | <input type="checkbox"/> Storage (warehouse)  |

*I hereby certify that I have read and understood the above requirements; and I have the authority to make this application and the information given is correct. I understand all applicable fees must be paid in full prior to the issuance of a Water & Sewerage Permit. It is further understood Capital Connection fees are non-refundable, non-transferable and are subject to forfeiture if after 2 years from the date of the initial payment the proposed work herein is not completed, minimum user fees and debt service payments will be due.*

|  |                        |                     |
|--|------------------------|---------------------|
| <b>SIGNATURE OF OWNER OR AUTHORIZED AGENT:</b> _____ |                        | <b>DATE:</b> _____  |
| <b>PLEASE PRINT NAME:</b> _____                      |                        |                     |
| <b>Phone #:</b> _____                                | <b>Mobile #:</b> _____ | <b>Email:</b> _____ |

*This application must be signed by the owner/agent, the Water & Sewerage Division, and the Environmental Health Department prior to submittal of the Building Permit Application to the Inspections & Permits Division.*

*Office Use Only*

**Calvert County Department of Public Works, Water & Sewerage Division:**  
**Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_ **# Cap. Connections Assessed:** \_\_\_\_\_

**Calvert County Health Department, Division of Environmental Health:**  
**County Health Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_