



THE DEPARTMENT OF PUBLIC WORKS OF QUEEN ANNE'S COUNTY

SANITARY DISTRICT

310 BATEAU DRIVE STEVENSVILLE, MARYLAND 21666 PHONE: 410-643-3535 FAX: 410-643-7364 TDD: 410-758-2126 e-mail: sanitary2@qac.org

RESIDENTIAL OR COMMERCIAL WATER AND/OR SEWER APPLICATION

CHECK WHICH APPLIES: WATER CONNECTION DISCONNECT ACCOUNT # SEWER CONNECTION REPAIR/RELOCATE VALVE PIT # (sewer only)

Property Owner: Phone:

Mailing Address:

Property Location:

Table with 3 columns for address components

Table with 4 columns for tax map, parcel, block, lot

- 1. The property is described as a (residence, restaurant, office, store, etc.)
2. The proposed water piping material is: interior: exterior:
3. Will there be any crawl space plumbing modifications: YES NO
4. Will there be a sewerage grinder pump: YES NO
5. If Water Permit, a thermal expansion device is to be installed: TYPE
6. Existing well: To be abandoned: Yes (Contact Environmental Health Department 410-758-2281); No (Connect to hose bib)
7. Septic Tank: (Check One) Existing tank to be abandoned No existing tank
8. The name, address & phone number of the plumber who will perform the proposed work is: NAME: PHONE: ADDRESS:

9. I have been authorized by the owner to do the work herein described, and by execution thereof, I agree to abide by the Code of Maryland Regulations, State Board of Plumbing and the QAC Sanitary District's Standard Specifications and Details. I agree to call for an inspection when the service line(s) are ready for connection but prior to any work being covered. I also agree to provide a sketch of the proposed work if so requested by the County.

Registered Master Plumber Signature: Date: Md License No. QAC License No.

10. In consideration of the granting of this permit, the undersigned agrees to maintain the water and/or sewer service line at no expense to the County.

Property Owner Signature: Date:

Application approved and permit issued by: Date

OFFICE USE ONLY BELOW

Water Subdistrict Sewer Subdistrict