



# QUEEN ANNE'S COUNTY

208 North Commerce Street | Centreville, MD 21617

Phone: (410) 758-1271 | Fax: (410) 758-6602

## Application for Plumbing / Gas / Appliance Work

<p><b>Owner:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Email:</b> _____</p> <p><b>Phone:</b> _____</p>	<p><b>Building Permit #: B</b></p> <p><b>Job Site – 911 Address:</b> _____</p> <p>_____</p> <p><b>Subdivision:</b> _____</p> <p><b>Lot:</b> _____ <b>Block:</b> _____ <b>Section:</b> _____</p> <p><b>Tax Map:</b> _____ <b>Parcel:</b> _____ <b>District:</b> _____</p> <p><b>Tax Acct #:</b> _____ <b>Floodplain</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																																																																																																																																																																							
<p style="text-align: center;"><b>Installer</b></p> <p><b>Master:</b> _____</p> <p><b>Company:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Email:</b> _____</p> <p><b>Phone:</b> _____ <b>Date:</b> _____</p> <p><b>Company Lic. #:</b> _____ <b>Renewal Year:</b> _____</p> <p>I have been authorized by the owner to do work herein described and in the execution thereof. I agree to abide by the regulations of Queen Anne's County Plumbing/Electrical Board. I hereby apply for permissions to do the work as follows for which I tender herewith the required fee.</p>	<p style="text-align: center;"><b>Description of Work</b></p> <p><b>Job:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Reno / Alter <input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Public Sewer <input type="checkbox"/> Public Water <input type="checkbox"/> Private Septic <input type="checkbox"/> Private Well</p> <p><b>Water Lines:</b> <input type="checkbox"/> Copper <input type="checkbox"/> CPV <input type="checkbox"/> PVC</p> <p><input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutyl</p>																																																																																																																																																																																																																																							
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