



SANITARY SURVEY APPLICATION

Public Health
Prevent. Promote. Protect.
Wicomico County
Health Department

Environmental Health www.wicomicohealth.org

Phone: 410-546-4446

Sanitary Survey fee: \$200.00

Water collection fee: \$50.00

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

Date: _____

Property ID: _____

New applicant Renewal

Establishment ID: _____

Assisted Living Care / Project Home

Water sample? Yes No

Private Home Child Care

Water supply: Public Private

Foster Care / Adoption

Sewage supply: Public Private

Church / Other Child Care

Refuse disposal: Public

Private

Name of applicant: _____

Address: _____

Mailing address (if different): _____

Phone (H): _____ (W): _____ (C): _____

Pets present: NO YES # of cats _____ # of dogs _____ # of ferrets _____

Name of Vet: _____ Phone: _____

Assisted Living and Care / Project Home:

_____ Number of family members in home _____ Number of proposed residents:

Private Home Child Care:

_____ Number of people in home (excluding Provider's children < six years old)

_____ Number of proposed children (max number of children at any time including Provider's children < six years old):

Foster Care / Adoption:

_____ Number of people in home _____ Number of proposed children

Church / Other Child Care:

Please submit a drawing of the property showing all buildings, driveways, wells, and septic.

Requesting Agency (Information must be completed):

Name of Agency: _____ Contact name: _____

Address: _____ Phone: _____

Fax: _____ Email: _____

NEW APPLICANTS: If Applicant is requesting more than eight children or residents, the applicant may need to apply for a land evaluation. There is an additional fee for this process. This land evaluation may also be required for existing facilities who are requesting an approval for an increase in the number of children or residents

NO REFUNDS WILL BE GRANTED ONCE FIELD WORK HAS BEGUN OR

AFTER 30 DAYS FROM APPLICATION DATE.