

**WICOMICO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
108 EAST MAIN STREET / SALISBURY, MD 21801 / 410-546-4446 / FAX 410-219-2882**

Application for Building Permit

Property ID: _____

Application Date: _____

- New Construction / Replacement Dwelling
 - Addition (Describe Below)
 - Replacement Mobile Home
 - Outbuilding (Describe Below)
 - Pool (Describe Below)

**FLOOR PLANS OF THE EXISTING HOUSE, PROPOSED HOUSE AND
PROPOSED ADDITION(S) ARE REQUIRED**

Site Plan review fees (\$150) do not include any required sewage permits (New \$500/Replacement \$300), Well Permits (\$160) or Plumbing Permits (NC-\$100, Mod/MH-\$75, Additions- \$50).

Property Owner: _____ Phone: _____

Applicant: _____ Phone: _____

Applicant Address: _____

Property Location: _____

Tax Map: _____ Parcel: _____ Subdivision: _____ Section: _____ Block: _____ Lot: _____

PROPOSAL:

Number of Existing Bedrooms: _____ Number of Proposed Bedrooms: _____

Sewage Installer: _____ Well Driller: _____ Plumber: _____

Floor plans must be submitted for (existing and proposed) additions and new construction permits.

ALL SITE PLANS MUST INCLUDE:

- Existing / proposed sewage disposal areas
- Existing / proposed wells
- Existing / proposed buildings (Please submit blueprints/floor plans for all existing and proposed buildings)
- Existing / proposed driveways
- Existing property lines
- Known utility lines
- Distances to existing / proposed septic tank, sewage disposal area, well and property lines
- Site Plan is drawn to scale (1" = 10', 20', 30', 40', 50', 60', 100')
- site plan is not drawn to scale but measurements are included

OWNER / APPLICANT SIGNATURE

I own the property, or represent the property owner, described above and grant permission for department personnel to enter thereon and perform tests, and indemnify the department and its agents from any claims arising there from. I understand that no refunds will be given once fieldwork has commenced or 30 days from date of this application.