## SANITARY SURVEY APPLICATION

$\langle \rangle$	Environmental Health	www.wicomicohealth	<u>n.org</u> Pho	ne: 410-546-444	6
Public Health Prevent, Promote, Protect, Wicomico County	Sanitary Survey fee: \$20	0.00	Water colle	ection fee: \$50.0	<u>0</u>
Health Department	🗌 Cash 🗌 Credi	t/Debit 🗌 Check #:	Receipt #:		
Date:			Property ID:		-
🗌 New app	olicant 🗌 Renewal		Establishment ID	):	_
Private H	Living Care / Proj Home Child Care Care / Adoption ' Other Child Care	Water Sewa	r sample?	Yes Public Public Public Public	No Private Private Private
Name of app	olicant:				
Address:					
Mailing addr	ess (if different):				
Phone (H): (W):		(W):	(C):		
Pets present	t: 🗌 NO 🗌 YES # of c	ats # of d	ogs	# of ferrets	
Name of Vet: Phone:					
	d Living and Care / Project amily members in home:		I residents:		
Number of p	Home Child Care: eople in home (excluding Pr roposed children (max num)			's children < six ye	ears
Foster Care / Adoption: Number of people in home: Number of proposed children:					
	/ Other Child Care: nit a drawing of the property	showing all buildings, dri	veways, wells, and	septic.	
Requesting	Agency (Information mus	t be completed):			
Address:	ency: Ema		ct name: Phone	:	
<b>NEW APPLICANTS:</b> 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.

## MAKE CHECKS PAYABLE TO: WICOMICO COUNTY HEALTH DEPARTMENT, 108 E. MAIN STREET, SALISBURY, MD 21801