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St. Mary's County Metropolitan Commission
23121 Camden Way, California, MD 20619

Potable Water Distribution & Wastewater
Collection/Treatment

STAFF ONLY

INITIALS: _____

DATE: _____

***WATER and/or SEWER CONNECTION PERMIT
SKETCH PLAN SUBMITTAL FORM (sample)***

Instructions: All Water and Sewer Sketch Plan submissions shall contain the requirements stated below. Any Sketch Plan submissions with missing or incomplete information may be rejected and not reviewed until all necessary information has been provided.

LUGM PERMIT #: 22-2278

PUBLIC SEWER: YES or NO

PUBLIC WATER: YES or NO

METCOM ACCOUNT #: _____

IRRIGATION SYSTEM: YES or NO

APPLICANT

CONTRACTOR: Britney Wurm

PHONE: 616-437-0506 FAX/EMAIL: britney@fortifyconstruct.com

OWNER NAME: Lexington RE LLC

MAILING ADDRESS: 21656 Great Mills Rd Lexington Park, MD 20653

PHONE: 540-226-0495 FAX/EMAIL: ljhcheck@gmail.com

PROPERTY INFORMATION

PROPOSED IMPROVEMENTS: walk in Freezer

SUBDIVISION: _____ LOT & SEC #: 1

TAX MAP: 43 GRID: 16 PARCEL: 112 TAX ID#: 1908 141851

PROPERTY STREET ADDRESS: 21656 Great Mills Rd

CAPITAL CONTRIBUTION CHARGES - PAYMENT PLAN OPTIONS (✓ ALL THAT APPLY)

- ☐ Full payment at time of Application, both water and sewer connections, or
- ☐ Full payment at time of Application, water connections.
- ☐ 50% payment at time of Application, sewer connections.

NOTE: You may qualify for a 24 month Residential Financial Hardship installment plan.

GENERAL REQUIREMENTS

*Applicant shall place one of the following marks (as appropriate) on each line
(METCOM reviewer shall verify each mark): N/A - not applicable or ✓ - provided*

- _____ 1. All existing and proposed improvements are shown on attached sketch.
- _____ 2. Existing and proposed wells, water lines, and water meters are shown on attached sketch.
- _____ 3. Existing or proposed sewer lines and grinder pump location (if required) are shown on the attached sketch.
- _____ 4. Property corners are to be clearly marked prior to the construction for any new water or sewer connection.
- _____ 5. I have read and understand the provisions in the Capital Contribution Payment Plan Policy.

APPLICANT SIGNATURE: _____
(Printed Name):

DATE: ____/____/____