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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 #: 23-0161

METCOM ACCOUNT #: _____

PUBLIC SEWER: (YES) or NO
PUBLIC WATER: (YES) or NO
IRRIGATION SYSTEM: YES or (NO)

APPLICANT

Applicant ~~CONTRACTOR~~ Britney Wurm

PHONE 443-437-0502 ~~FAX~~/EMAIL britney@fortifyconstruct.com

OWNER NAME MD Manor Holdings LLC

MAILING ADDRESS 12 Tancy Ave 21401

PHONE _____ FAX/EMAIL _____

PROPERTY INFORMATION

PROPOSED IMPROVEMENTS: Fulfiller @ Checkers
SUBDIVISION Mazel LOT & SEC #: Lot 2

TAX MAP: 34 GRID: 24 PARCEL: 232 TAX ID#: 08111928
PROPERTY STREET ADDRESS 45500 Miramar Way

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, or
- ☐ 50% payment at time of Application, sewer connections

See MSP 22-0290

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: _____ DATE: ____/____/____
(Printed Name):