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

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Potable Water Distribution - Wastewater Collection / Treatment

Phone: 301-737-7400
FAX: 301-373-5861

STAFF ONLY
INITIALS _____
DATE: _____

WATER and/or SEWER CONNECTION PERMIT SKETCH PLAN SUBMITTAL FORM

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 #: 24-0000

METCOM ACCOUNT #: _____-_____

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

APPLICANT

CONTRACTOR: WM Davis

PHONE: 301-475-2755 FAX/EMAIL: _____

OWNER NAME: Douglas Hallgreen

MAILING ADDRESS: 17581 Whitestone DR

PHONE: _____ FAX/EMAIL: dhallgreen@aol.com

PROPERTY INFORMATION

PROPOSED IMPROVEMENTS: Replacement Dwelling
SUBDIVISION: _____ LOT & SEC #: _____

TAX MAP: U1 GRID: 20 PARCEL: 193 TAX ID#: 02018438
PROPERTY STREET ADDRESS: 18097 River 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: _____ DATE: ____/____/____
(Printed Name):