



THE DEPARTMENT OF PUBLIC WORKS
OF QUEEN ANNE'S COUNTY
SANITARY DISTRICT

310 BATEAU DRIVE
STEVENSVILLE, MARYLAND 21666
PHONE: 410-643-3535 FAX: 410-643-7364 TDD: 410-758-2126
EMAIL: sanitarypermits@qac.org

- 3/4" Meter 550.00
1" Meter 600.00
1.5" Meter 1,350.00
2" Meter 1,600.00
Disconnect Permit 75.00
Sewer Permit 50.00
Water Permit 25.00

RESIDENTIAL OR COMMERCIAL
WATER AND/OR SEWER APPLICATION

Total \$ \_\_\_\_\_

CHECK WHICH APPLIES: WATER CONNECTION \_\_\_\_\_ DISCONNECT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_
SEWER CONNECTION \_\_\_\_\_ REPAIR/RELOCATE \_\_\_\_\_ VALVE PIT # \_\_\_\_\_ (sewer only)

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Building Permit # \_\_\_\_\_ Email: \_\_\_\_\_

Property Location:

Grid for property location details including number, street, town, tax map, parcel, block, and lot.

- 1. The property is described as a \_\_\_\_\_ (residence, restaurant, office, store, etc.)
2. The proposed water piping material is: interior: \_\_\_\_\_ exterior: \_\_\_\_\_
3. Will there be any crawl space plumbing modifications: YES NO
4. Will there be a sewerage grinder pump: YES NO
5. If Water Permit, a thermal expansion device is to be installed: \_\_\_\_\_ TYPE
6. Existing well: To be abandoned: Yes \_\_\_\_\_ (Contact Environmental Health Department 410-758-2281): No \_\_\_\_\_ (Connect to hose bib)
7. Septic Tank: (Check One) Existing tank to be abandoned \_\_\_\_\_ No existing tank \_\_\_\_\_
8. The name, address & phone number of the plumber who will perform the proposed work is:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

9. I have been authorized by the owner to do the work herein described, and by execution thereof, I agree to abide by the Code of Maryland Regulations, State Board of Plumbing and the QAC Sanitary District's Standard Specifications and Details. I agree to call for an inspection when the service line(s) are ready for connection but prior to any work being covered. I also agree to provide a sketch of the proposed work if so requested by the County.

Registered Master Plumber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD License No. \_\_\_\_\_ QAC License No. \_\_\_\_\_

10. In consideration of the granting of this permit, the undersigned agrees to maintain the water and/or sewer service line at no expense to the County.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved and permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY BELOW

Water Subdistrict \_\_\_\_\_ Sewer Subdistrict \_\_\_\_\_