



Charles County Department of Health
Division of Environmental Health Services
4545 Crain Highway/P.O. Box 1050
White Plains, MD 20695
301-609-6751 Fax: 301-609-6684

Official Use:
Date Received: _____
Amount Due: _____
Date Paid: _____

Site Plan Review Application

Application must be **complete** and accompanied by the appropriate application fee and site plan in order to be processed. Checks should be made payable to the "Charles County Department of Health". Application fee for conventional on-site water and sewer plan review is **\$100.00**. Application fee for an alternative on-site water and sewer plan review is **\$160.00**. Application fee for commercial on-site water and sewer plan review is **\$500.00**.

Name: _____ Phone: (w) _____

Email Address: _____ (h) _____

Address: _____

Property Location: _____

Election District: _____ Property ID: _____ Tax Map: _____ Block: _____ Parcel: _____ Lot: _____

Building Permit #: _____

Proposed Number of Bedrooms: _____

Proposed Construction: _____

Signature

Date