



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: _____

## Pre-Approval Application Building Permit

Application must be **complete** in its entirety and accompanied by the appropriate application fee. Checks should be made payable to the "Charles County Department of Health". Application fee is **\$125.00**. **This application MUST be accompanied by a site plan. The site plan MUST be drawn to scale and show septic systems, wells, houses, accessory buildings, acreage, permanent/temporary features (trees, swimming pools, deck, patios), driveways, street/road frontage, property lines, right of ways, easements, proposed new construction, etc.**

**NOTE: HEALTH DEPARTMENT REVIEW WILL TAKE 2 WEEKS**

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

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Parcel: \_\_\_\_\_ Tax Map: \_\_\_\_\_

Election District: \_\_\_\_\_ Property ID.: \_\_\_\_\_ Number of Bedrooms in Existing Home: \_\_\_\_\_

Public: ☐ Sewer ☐ Water Private: ☐ Septic ☐ Well Type of Well (if Private): ☐ Dug ☐ Drilled ☐ Bored ☐ Other

### Description of Work:

- |                          |                            |                                    |
|--------------------------|----------------------------|------------------------------------|
| A. _____ Open Porch      | H. _____ Pole Barn         | O. _____ *Finishing Basement       |
| B. _____ Screen Porch    | I. _____ Open Deck         | P. _____ *Interior Remodeling      |
| C. _____ Covered Patio   | J. _____ Above Ground Pool | Q. _____ New Window & Door Opening |
| D. _____ Gazebo          | K. _____ Inground Pool     | R. _____ Wood Stove                |
| E. _____ Detached Garage | L. _____ Outdoor Hot Tub   | S. _____ Chimney & Stack           |
| F. _____ Shed            | M. _____ Demolition        | T. _____ Fireplace                 |
| G. _____ Outbuilding     | N. _____ Minor Fire Damage | U. _____ Other: Describe: _____    |

\*Number of additional bedrooms proposed \_\_\_\_\_. Interior remodeling and permits to finish basement also require an existing floor plan and a proposed floor plan to be provided. A septic inspection by a Maryland licensed septic inspector is also often required.

What is the specific intended use of the work you are doing: \_\_\_\_\_

Signature of \_\_\_\_\_ Owner \_\_\_\_\_ Agent

\_\_\_\_\_ Date

### (FOR OFFICE USE ONLY)

☐ Approved ☐ Disapproved

Remarks/Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Approving Authority: \_\_\_\_\_ Date: \_\_\_\_\_

### Check List

\_\_\_\_ Application  
\_\_\_\_ Site Plan  
\_\_\_\_ Sewer  
\_\_\_\_ Water  
\_\_\_\_ Other \_\_\_\_\_