

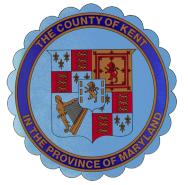
# KENT COUNTY HEALTH DEPARTMENT

Environmental Programs

125 S. Lynchburg Street

Chestertown, MD 21620

Phone-410-778-1361 Fax-410-778-7017



## APPLICATION FOR LAND EVALUATION

Date: \_\_\_\_\_ Property ID: \_\_\_\_\_ LE#: \_\_\_\_\_

Owner (s): \_\_\_\_\_

Location of property: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Reason for land evaluation: \_\_\_\_\_

**Submit with this application a site plan with the property lines and proposed sewage reserve area (SRA) identified. In preparation for the evaluation, property lines and proposed SRA must be flagged.**

This application is for:

Initial evaluation of vacant property - no subdivision requested \$400.00 per site

Evaluation of property for a subdivision  
Per lot - # of lots requested: \_\_\_\_\_ \$400.00 per site

IF PROPOSAL IS MORE THAN 3 LOTS, FIELD WORK CANNOT BEGIN WITHOUT A SKETCH PLAT.

(NOTE: In order to subdivide a property which is already improved, the existing improvement must be evaluated to verify that it has a compliant sewage area and well location available for subdivision.)

Re-evaluation of existing sewage disposal area/System design verification \$200.00 per site

Sewage reserve area modification (Proposal must be flagged in the field) \$200.00 per site

Other: \_\_\_\_\_

**Owners and applicants should be aware that Health Department approval does not guarantee that a property is buildable or that it may be subdivided. Applicants are advised to consult with all regulatory agencies regarding the feasibility of a proposal. Documentation of favorable conditions will not be given until the property is platted with the perc test location(s) and sewage reserve area(s) identified.**

**NO REFUNDS WILL BE GRANTED ONCE FIELDWORK HAS BEGUN OR AFTER 30 DAYS FROM THE APPLICATION DATE.**

Owner's Statement: I own the property described above and grant permission for Department personnel to enter thereon and perform tests, and indemnify the Department and its agents from any claims arising therefrom.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_ Phone: \_\_\_\_\_