



Charles County Planning & Growth Management  
 P.O. Box 2150  
 La Plata, Maryland 20646  
 (301) 645-0540 or 870-3896

**APPLICATION FOR AN ALLOCATION OF  
 WATER AND/OR SEWER CAPACITY  
 (commercial, industrial, and municipal)**

(a) NAME, ADDRESS AND TELEPHONE  
 NUMBER OF APPLICANT

Name: \_\_\_\_\_

Check One:

Owner: \_\_\_\_\_ Developer: \_\_\_\_\_  
 Builder: \_\_\_\_\_ Agent: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

(b) NAME, LOCATION AND PROJECT

Name: \_\_\_\_\_

Location: \_\_\_\_\_  
 \_\_\_\_\_

Tax Map: \_\_\_\_\_ Grid: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property ID#: \_\_\_\_\_

SDP, VC, VI, VCI#: \_\_\_\_\_

(c) PROJECTED WATER/SEWER DEMAND  
 (with basis for projection; square footage of the structure, number of employees acreage, etc..)

(d) TYPE OF PROJECT  
 (attach preliminary site plan)

\_\_\_\_\_ Commercial  
 \_\_\_\_\_ Industrial  
 \_\_\_\_\_ Municipal  
 \_\_\_\_\_ Other (Specify)

(e) AREA OF SUBJECT PROPERTY

\_\_\_\_\_

(f) PRODUCT AND/OR SERVICES TO BE  
 RENDERED

\_\_\_\_\_

(g) WILL WATER BE USED FOR THE PURPOSES OF MANUFACTURING, INDUSTRIAL OR  
 COMMERCIAL PRODUCTION OR CUSTOMER SERVICE INCLUDING, BUT NOT LIMITED TO FOOD  
 PREPARATION? \_\_\_\_\_(YES) \_\_\_\_\_(NO)

(h) IDENTIFICATION OF PROCESS WASTE: (Indicates below which wastes will likely enter the sewer system. Also, please complete pretreatment questionnaire provided by the Department of Planning & Growth Management.)

\_\_\_\_\_ Acids                      \_\_\_\_\_ Bases                      \_\_\_\_\_ Metal Solvents  
 \_\_\_\_\_ Solvents                      \_\_\_\_\_ Grease                      \_\_\_\_\_ Oil Viscous Materials

(i) IF THE PROJECT IS A RESTAURANT OR FOOD PREPARATION BUSINESS, HOW MANY GREASE TRAPS OR SEPARTATORS WILL BE INSTALLED? DESCRIBE THE TYPE, MAKE, AND MODEL:

(j) DATE OF APPLICATION

(k) SIGNATURE OF APPLICANT

\_\_\_\_\_

\_\_\_\_\_

PLEASE PRINT NAME

\_\_\_\_\_

.....

OFFICE USE ONLY  
DO NOT WRITE IN THIS SPACE

Recommended By: \_\_\_\_\_

Granted with the following conditions:

Number limitations

Time limitations

Transfer limitations

Water demand does not exceed

Sewer demand does not exceed

Denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE ACTION TAKEN:

SIGNATURE OF ACTING OFFICIAL:

\_\_\_\_\_

\_\_\_\_\_