



Prince George's County
 Department of Permitting, Inspections
 and Enforcement
HEALTH DEPARTMENT
 9400 Peppercorn Place, 1st Floor
 Largo, Maryland 20774
 301.883.7681



PERCOLATION TEST/SEWAGE CONTRACTOR APPLICATION

INSTRUCTIONS: All fees are non-refundable. Type or print legibly in black ink. Checks or money orders for fee payments should be made payable to **Prince George's County**.

APPLICATION TYPES AND FEES *(Check Applicable Box[es])* — In accordance with the provisions of Subtitle 22 of the Prince George's County Code, I hereby apply for a license to engage in the business of:

- Percolation Testing **License Fee: \$375.00 + 5% Technology Fee of \$18.75 for a total of \$393.75**
- Sewage Disposal System Construction or Remodeling **License Fee: \$375.00 + 5% Technology Fee of \$18.75 for a total of \$393.75**

APPLICANT INFORMATION

Name of Applicant: _____ Date of Birth: _____
(First, Middle Initial, Last)

Name of Business: _____ E-mail Address: _____

Applicant Address: _____
(Number, Street, Apt. No.)

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Cell Telephone Number: _____

Work Telephone Number: _____ FAX Number: _____

SERVICES AND HISTORY

Describe any special services, capabilities or limitations of your services (e.g., down-hole camera, property transfer inspections, backhoe services/hand-dug only, limited service area, etc.). *(Services may be continued on the reverse side of this application.)*

Have you ever been previously issued a license? Yes No

Have you ever had a license suspended or revoked? Yes No
(If yes, please explain on the reverse side of this application.)

SIGNATURE

- The information on this application is accurate, true and complete to the best of my knowledge and belief.
- All provisions of the Prince George's County Code and laws of the State of Maryland will be kept in compliance.

Applicant's Signature: _____ Date: _____

WORKERS COMPENSATION INSURANCE INFORMATION

Company Name: _____ Policy #: _____
(If a waiver or an exemption has been received or if you are self-insured, attach a copy of the appropriate certificate.)

FOR OFFICE USE ONLY

Receipt Number:	Date:	Amount:	Received by:
<input type="checkbox"/> Approved / <input type="checkbox"/> Denied	Date:	Sanitarian:	Authorization #: