



**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/SCAVENGER  
 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**
- Cleaning Sewage Disposal Systems or Chemical Toilets **License Fee for Business: \$225.00 + 5% Technology Fee of \$11.25 for a total of \$236.25**  
**License Fee per Vehicle: \$225.00 + 5% Technology Fee of \$11.25 for a total of \$236.25**

**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 #: