

**SEWAGE DISPOSAL
PERMIT RENEWAL
APPLICATION**

PRINCE GEORGE'S CO. DEPARTMENT OF
PERMITTING, INSPECTION & ENFORCEMENT
Health Department - Environmental Engineering Program
9400 Peppercorn Place, Largo, Maryland 20774
(301) 883-7681

Case No. _____

Application Fees: Use ePayments at <https://dpiestatus.princegeorgescountymd.gov/site/public/epayments/casestatus.aspx>

On-Time Renewal: \$594 Health Fee + \$66 Admin. Fee + \$66.00 (10%) Technology Fee = \$726.00

Early Renewal (no later than 6 mo. before the Current Permit Expiration Date)

(Privy: No Fee) \$152 Health Fee + \$66 Admin. Fee + \$21.80 (10%) Technology Fee = \$239.80

Late Renewal (6 mo. or more after the Current Permit Expiration Date)

(Privy: No Fee) \$449 Health Fee + \$66 Admin. Fee + \$51.50 (10%) Technology Fee = \$566.50

New System _____ Remodel _____ Upgrade _____ Privy _____
Previous Permit Number _____

APPLICANT

First Name: _____

Last Name: _____

Email: _____

Address: _____

Telephone: (____) _____

Septic System

Contractor: _____

Subdivision Name: _____

AGENT

First Name: _____

Last Name: _____

Email: _____

Address: _____

Tax Map: _____ Grid: _____

Parcel: _____ Lot: _____ Block: _____

Tax Acct. No. (required) _____

Street name fronting property: _____

Date of Recordation: _____

Telephone: (____) _____

Building use: _____

Sewer Service Area (circle): 6 5 4 3

Have there been any changes to the site plans or the configuration of the septic system from what was originally approved? (Please Check)

☐ No changes.

☐ Changed driveway, building restriction lines, easements, utility locations, or contours.

☐ Changed house size or location, septic tank size or location, trench length/width/depth, recovery area, or distance to streams, wells, property lines, or easements.

☐ Other changes: _____

I have carefully examined and read the above application and know the same to be true and correct.

All provisions of the Prince George's County Code and laws of the State of Maryland will be complied with.

Signature: _____

Date: _____

WORKERS COMPENSATION INSURANCE INFORMATION

Name of Insurance Company: _____ 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 No. _____

Date: _____

Amount: _____

Received by: _____