

Exhibit A
Supporting Documents Required
with
Water and/or Sewer Requests for Amendment

- 1) Attach five original copies of request and supporting information on 8½" x 11" paper.
- 2) Attach five original copies of tax maps (8½" x 11") indicating:
 - Location and boundary of property in question in relation to adjacent properties and major roads.
 - Existing water mains in (solid) blue color.
 - Proposed water mains in (broken) blue color.
 - Existing sewer mains in (solid) red color.
 - Proposed sewer mains in (broken) red color.
 - Show alternates if applicable for water and sewer extension on separate maps.
- 3) Attach five original copies of master plans for water and sewer on 8½" x 11" sheets showing the location and boundary of the property in question and proposed extensions.

Provide detailed analysis showing justification of water and sewer mains/extensions and adequate pressure and flow conditions to serve the property in question.
- 4) Submit the Request(s) and Supporting Documents to:

Coordinator for the Master Plan for Water Supply and Sewerage Systems,
Office of Planning and Zoning, Long Range Planning Division,
Heritage Office Center
2664 Riva Road
P.O. Box 6675
Annapolis, MD 21404-8700
Phone: (410) 222-7432.
- 5) All of the above information must be furnished for processing the request.
- 6) Provide other applicable information as required.

**EXHIBIT B
WATER SERVICE REQUEST**

Request No. _____

ACREAGE OF PROPERTY _____ TAX MAP NO.(s) _____
WATER MAP W- _____ PARCEL NO.(s) _____
PRESSURE ZONE - WPZ _____

EXISTING ZONING & ACREAGE OF EACH ZONE:

PROPOSED ZONING AND ACREAGE OF EACH ZONE:

EXISTING LAND USE & ACREAGE OF EACH USE:

PROPOSED LAND USE & ACREAGE OF EACH USE:

DOES IT CONFORM TO THE GENERAL DEVELOPMENT PLAN?

EXISTING WATER FACILITIES:

PROPOSED WATER FACILITIES:

PLANNING STAFF COMMENTS:

PUBLIC WORKS COMMENTS:

OWNER'S NAME:

ADDRESS:

DATE:

PHONE:

**EXHIBIT C
SEWER SERVICE REQUEST**

Request No. _____

ACREAGE OF PROPERTY: _____ TAX MAP NO.(s): _____
SEWER MAP: S- _____ PARCEL NO.(s): _____
SERVICE AREA: SSA- _____

EXISTING ZONING & ACREAGE OF EACH ZONE:

PROPOSED ZONING AND ACREAGE OF EACH ZONE:

EXISTING LAND USE & ACREAGE OF EACH USE:

PROPOSED LAND USE & ACREAGE OF EACH USE:

DOES IT CONFORM TO THE GENERAL DEVELOPMENT PLAN?

EXISTING SEWER FACILITIES:

PROPOSED SEWER FACILITIES:

PLANNING STAFF COMMENTS:

PUBLIC WORKS COMMENTS:

OWNER'S NAME:

ADDRESS:

DATE:

PHONE: