



Application for Amendment to Master Plan For Water Supply and Sewerage Systems

Instructions:

- Please provide all information requested. Incomplete applications will not be processed.
- Attach a map showing the location and boundary of all properties subject to this application, including the location of existing and proposed sewer mains and/or water mains, as applicable.
- Submit a complete application to: pzwill20@aacounty.org

If you have any questions, please contact 410-222-7432

Applicant Information

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Property Information

List information for all land parcels subject to this application.

Tax Account #: _____

Tax Map #: _____

Parcel # / Lot #: _____

Property Owner Name: _____

Address of property: _____

Existing Zoning: _____

Land Area (total in acres): _____

Is the property currently improved? Yes _____ No _____

If yes, describe existing uses on the property: _____

Is the property the subject of an active development application? Yes _____ No _____

If yes, provide the Subdivision Plan or Site Development Plan #: _____

Is the property the subject of an active Administrative Zoning Application or Special Exception Application? Yes _____ No _____

If yes, provide the Case Number: _____

Describe future land uses / improvements proposed for the property: _____



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Type of Amendment Request:

Check all applicable.

Water Service: Amendment to Service Timing Category _____
 Amendment to Water Pressure Zone Boundary _____

Sewer Service: Amendment to Service Timing Category _____
 Amendment to Sewer Service Area Boundary _____

Non-County Wastewater Treatment Systems: _____

Other: _____

If proposing to connect to the County water and/or sewer system, complete the following:

Official Water Map (W-xx): _____

Water Pressure Zone: _____

Official Sewer Map (S-xx): _____

Sewer Service Area: _____

Provide a detailed analysis showing justification of water and sewer mains/extensions and adequate pressure and flow conditions to serve the subject property. Attach additional pages and/or reports as needed.

If proposing to install or upgrade a Non-County wastewater treatment system with discharge greater than 5,000 GPD, complete the following:

Sewer Service Area: _____

Official Sewer Map and Grid #: _____

Name of Business or Uses to be served by the proposed system: _____

Discharge Capacity of Proposed System (GPD): _____

Type of Discharge: Surface Water _____ Subsurface _____

Operator: _____

Applicant Signature: _____

Date: _____