



**ST. MARY'S COUNTY BAY RESTORATION GRANT APPLICATION
Best Available Technology for Nitrogen Reduction**

This application is designed to aid in determining your eligibility. Submit completed applications to Environmental Health Division, smchd.env@maryland.gov INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

PLEASE CHECK ALL THAT APPLY

- | | |
|---|--|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL/ESTATE |
| <input type="checkbox"/> EXISTING HOUSE | <input type="checkbox"/> NEW CONSTRUCTION |
| <input type="checkbox"/> NON-PROFIT | |

1. PROPERTY OWNER: _____
2. PROPERTY ADDRESS: _____
3. TAX MAP _____ PARCEL _____ LOT # _____ SUBDIVISION _____
4. PROPERTY IN 1000-FT CRITICAL AREA: YES _____ NO _____ UNKNOWN _____
5. EXISTING SEPTIC SYSTEM IN FAILURE: YES _____ NO _____
6. REPAIR PERC TEST COMPLETED: YES _____ NO _____ UNKNOWN _____
7. CONNECTING TO PUBLIC SEWER: YES _____ NO _____
8. WHERE DID YOU HEAR ABOUT THE GRANT PROGRAM? _____

APPLICANT/CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

The Property Owner hereby certifies and agrees that:(1) the applicant is authorized to make the application; (2) the information is correct; (3) the applicant will comply with all regulations of St. Mary's County which are applicable hereto; (4) the applicant grants St. Mary's County officials and approved contractors the right to enter onto the property for the purpose of evaluation, inspection of the work permitted and performing any required maintenance and sampling.

Property Owners Signature _____ **Phone #** _____ **Date** _____
SMHD No. _____