



WORCESTER COUNTY DEPARTMENT OF ENVIRONMENTAL PROGRAMS

One West Market Street, Suite 1306, Snow Hill, MD, 21863, 410-632-1220

CRITICAL AREA PERMIT APPLICATION

Permit # _____ Rec'd Date: _____

C.A. fee: _____ Issue Date: _____

PROPERTY INFORMATION:

Property Location: _____

Tax Map: _____ Parcel: _____ Section: _____ Block: _____ Lot: _____ Tax ID #: _____

Total Land Area: _____ (Acres or Sq. Ft.) Estimated Construction Cost: \$ _____

Description of Activity: _____

OFFICE USE ONLY:

Critical Area: _____ Designation: _____

Forestry: _____ Plan #: _____

Environmental Programs: _____

SEC Approval Date: _____ Expiration: _____ SWM Approval Date: _____ Expiration: _____

Other Approvals: _____

OTHER REQUIREMENTS:

I & M Agreement: _____ Construction Agreement: _____

Bond Type: _____ Amount \$ _____

As Built Survey Planting Inspection Pre Construction Meeting

The applicant hereby certifies under penalty of perjury as follows: 1) That he/she is authorized to make this application; 2) That all information provided by the applicant, whether on an original application or on an application for a revision, is true and correct, including all information on any attachments hereto; 3) That he/she will comply with all regulations of Worcester County which are applicable hereto; 4) That he/she will perform no work on the above property not specifically described in this application; 5) That any misrepresentation or misstatement of facts or any change without approval shall constitute grounds for denial and/or revocation of the permit; 6) That he/she grants County officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices; 7) That he/she assumes all responsibility to determine, request and obtain any and all Federal, State or County permits necessary to implement this permit; and 8) That it shall be unlawful to use/occupy any building or structure or change the use of the land until final approval has been given and a Certificate of Use has been issued by the Department.

Property Owner: _____ Address: _____
Phone: _____ Email: _____ Signature: _____

Applicant: _____ Address: _____
Phone: _____ Email: _____ Signature: _____
ID #: _____

Contractor: _____ Address: _____
Phone: _____ Email: _____ Signature: _____
MHIC License #: _____