



CALVERT COUNTY DEPARTMENT OF PLANNING & ZONING

150 Main Street
Prince Frederick, MD 20678
Phone: (410) 535-2348 • (301) 855-1243

Bay Restoration Fund – Onsite Sewage Disposal System (OSDS) Pre-Application for Financial Assistance*

General Information: Individual forms must be completed for each proposed project for which MDE grant funds are being requested.

Applicant Name: _____

Mailing Address: Street: _____ Town/State: _____ Zip: _____

Applicant Phone Number: _____ Email: _____

Project Street Address: Street: _____
City / State: _____ Zip: _____

Project Location**: Tax ID: _____ Tax Map # ____ Parcel: ____ Section ____ Block ____ Lot: ____

Contact Person/Title: _____

Contact Mailing Address: Street: _____ Town: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Facility Type: Individual Residential - Yes / No Other _____

Dwelling Use/Features: Full-time Principal Residence New Construction Renovation No Alteration
(Check all that apply) Primarily summer / weekend use _____ **Number of Bedrooms** Rental

Prioritization Factors: Project is located within the Chesapeake Bay Critical Area
 Project is a new system an upgrade a repair of an existing failing system
 Project is within Lusby's Mill Creek Watershed
 I'm not sure if the property is in the Mill Creek Watershed – Please check for me.

Access Approval: Property Owner grants Health Department and County staff and approved contractors the right to enter onto the property to perform a site assessment, to inspect the work permitted and to perform 5-year maintenance and sampling.

Note to Applicant: Upgrade costs pertain only to the cost of the engineering, inspection, maintenance contract, remote monitoring for the first five years and costs of adding a nitrogen removal system. All other necessary sewage disposal system costs including conventional tank, distribution network, or effluent dispersal method replacements encountered or required by the local approving authority during the unit installation and post-installation landscaping restoration are to be paid by the property owner/applicant. All applicants are required to have and maintain an actively operating service monitoring system for five (5) years after installation.

Property Owner Signature _____ **Date:** _____

***Please note, this is only a Pre-Application and the completion of this form does not guarantee the availability of funds to the applicant or commit the applicant to receiving a nitrogen-removing OSDS. Funds are contingent upon grant funding. Properties with Zoning violations shall not be considered for funding.**

** To obtain Project Location data, go to Maryland's Real Property Data Search at http://sdatcert3.resiusa.org/rp_rewrite/ and select Calvert County & enter project's street address. (08-2009)

Office Use Only: Date Received _____ Watershed _____

Board of Appeals # _____ Building Permit # (AP#) _____

Application Instructions for the Bay Restoration Fund Grant

– Calvert County –

The following are instructions for completing the “**Bay Restoration Fund – Onsite Sewage Disposal System (OSDS) Pre-Application for Financial Assistance**” form. The information below corresponds to the items listed on the application:

- Applicant Name:** Last name and first name of the legal owner of the property. Use the name listed on the tax records.
- Mailing Address:** The owner of the property. Please provide the mailing address and include the street, city, state and zip code information.
- Applicant Phone:** The best phone number to contact the owner or applicant.
- Project Address:** Street or Premise address as indicated on the tax records; include street address number, city, state and zip code.
- Project Location:** Provide the tax identification number (it will begin with an 01, 02 or 03). Provide the Tax Map number; parcel number Section and Lot number(s) (if applicable).
- Contact Person:** Person to contact – if it's the same as the applicant, please state so.
- Contact Mailing:** Contact person's street, city, state and zip code mailing address. This is where we will mail appropriate documents.
- Contact Phone:** The Contact's best phone number.
- Facility Type:** If the house is a single family house, indicate yes. If not, please explain if the house is a multi-family or apartment, etc.
- Dwelling Use:** Is it your primary residence? Is this a full-time occupied house or used primarily on the weekend or for short terms (summer, weekend etc)? This will be confirmed with tax record information. Is this application for a new proposed house or one currently under construction (New Construction) or is the house being renovated? If there is no new construction (new or renovation), check **No Alteration**. Indicate the number of bedrooms and if the house is a rental (full time or seasonal), please check **Rental**.
- Prioritization:** The grant requires that properties be prioritized based on location and the need to be upgraded. If the property is in the Critical Area (1,000' from the Chesapeake Bay, the Patuxent River and its tributaries), check off **Chesapeake Bay Critical Area**; let us know if this will be an **upgrade** of an older existing system, or a **repair or replacement of a failing or failed system**; if the property is in the Mill Creek Watershed (that area in the Lusby area) – if you are unsure, we'll fill this out. Check the box that will allow us access on to your property so it can be evaluated.
- Signature:** Finally, the property owner or designated contact must sign and return the form. This will be the first step in being considered for the grant.

Sign & Mail the Application to:

Calvert County Dept of Planning & Zoning
Attn: Bay Restoration Fund Grant
150 Main Street
Prince Frederick MD 20678

After the application has been received Health Department and Planning & Zoning staff will visit your property and prepare a site evaluation. That information will be used for bidding your property during the Request for Proposal process. Not all properties will be funded. Properties with zoning violations are not eligible for the grant.

