

Maura J. Rossman, M.D., Health Officer

**Demolition Request Form**

(Fill in all blanks)

**Information of Property to be demolished:**

\_\_\_\_\_  
Current Owner's Name

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Subdivision (if applicable)

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
All Prior Owners' Names (if requested or known)

\_\_\_\_\_  
Tax Map

\_\_\_\_\_  
Parcel #

\_\_\_\_\_  
Tax ID #

\_\_\_\_\_  
Purpose/Reason for Demolition

\_\_\_\_\_  
Future plans of property after demo (i.e. subdivision, parking lot, re-build new house, etc...)

If a subdivision, SDP# \_\_\_\_\_ Has the structure(s) been deemed unsafe by DILP \_\_\_ YES \_\_\_ NO

**UTILITY RECORDS:**

Property currently connected to public water \_\_\_ YES \_\_\_ NO

Property currently connected to public sewer \_\_\_ YES \_\_\_ NO

Does the property currently have any wells and/or septic systems \_\_\_ YES \_\_\_ NO

→ Explain:

\*Note: Any wells and/or septic systems that are to remain may require an approved percolation certification plan under *Howard County Code Sec. 3.805*

\*Note: Any septic systems that are to be abandoned must be done by a septic contractor with documentation of the process.

\*Note: All abandoned wells are to be sealed by a well driller licensed by the Maryland State Board of Well Drillers *COMAR Sec 26.04.04.11 Abandonment Standards D (3)*

**COMMENTS:**

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Phone #

\_\_\_\_\_  
Applicant's Email

\_\_\_\_\_  
Applicant's Fax #

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(revised 10-25-18 MJD)