

**Town of Indian Head  
4195 Indian Head Hwy  
Indian Head, MD 20640**

Water & Sewer Permit #: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**WATER/SEWER PERMIT APPLICATION**

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address (where inspections will be performed. Subdivision, Lot #, Etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR PLANCHEK OFFICE USE ONLY	
Permit Fee: \$	_____
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check #: _____
<input type="checkbox"/>	Invoice #: _____
MAKE CHECKS PAYABLE TO PLANCHEK INC.	

**MASTER PLUMBING:**

License #: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Type of Service (check all that apply):**

<input type="checkbox"/>
<input type="checkbox"/>

Water

Sewer

<input type="checkbox"/>
<input type="checkbox"/>

New

Repair

<input type="checkbox"/>
<input type="checkbox"/>

Commercial

Residential

**Inspections Needed:**

<input type="checkbox"/>
<input type="checkbox"/>

Water & Sewer Lateral Combo

Water Meter

<input type="checkbox"/>
<input type="checkbox"/>

Separate Water Lateral

Separate Sewer Lateral