



CITY OF HAGERSTOWN, MARYLAND

Planning and Code Administration Department

AVAILABILITY OF SERVICES/PRE-ANNEXATION APPLICATION

Submittal Requirements:

- Original, Signed Application
- Completed, Original [Pre-Annexation Agreement](#)
- One (1) copy of a recorded plat and/or deed showing a metes and bounds description of the property
- Filing fee (please consult [current fee schedule](#))

Case No. WS - _____
Office Use Only

Property Development Information

Address (or location) of the Property: _____

Name of Project or Subdivision being Developed: _____

Washington County Development Case Number/Building Permit Number: _____

Map: _____ Block: _____ Parcel: _____ Tax I.D. # _____ County Zoning District: _____

Total Tract Area (acres): _____ Number of Lots: _____ Phase _____ of _____ Total Phases

Types(s) of Units (single-family, two-family, commercial, etc.): _____

Total Number Units _____

Estimated Daily Water/ Wastewater Usage: _____

(Single-family dwelling = 200 gallons/day, Two-Family Dwelling = 400 gallons/day, Apartment Unit = 200 gallons/day/unit)

Please check the service(s) requested: Water Wastewater Is this request for a single lot service? YES NO

Has the Health Dept. condemned your well? YES NO Are you the owner of the property in question? YES NO

Owner Information

Owner/Contract Purchaser: _____

Contact Person: _____ Email: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Agent Information

Agent Name: _____

Agent Relationship to Property: _____ Email: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Project Status

At what stage in the development process is your project? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Preliminary Consultation | <input type="checkbox"/> Payment of Water Service Fees |
| <input type="checkbox"/> PUD Rezoning Approved | <input type="checkbox"/> Installation of sewer mains |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Installation of water mains |
| <input type="checkbox"/> Plan Approval | <input type="checkbox"/> Installation of sewer laterals |
| <input type="checkbox"/> Subdivision Plat Recorded | <input type="checkbox"/> Installation of water service connections |
| <input type="checkbox"/> Payment of Sewer Service Fees | |

I certify that the information contained herein is true and correct to the best of my knowledge.

Owner's Signature

Applicant's Signature (if different from owner)

Date

For City Use Only

Which sewer service area is the property located?

- _____ Inside the City Service Area
_____ Inside the County Service Area
_____ Inside the Designated Area
_____ Outside the Designated Area

Is all or part of the property located in the Medium Urban Growth Area? YES / NO

Is all or part of the property located in a Priority Funding Area? YES / NO

Is property contiguous to the City of Hagerstown Corporate Boundary? YES / NO

Review Committee Determination

- _____ Approved
_____ Denied

Signature and Date

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