**Fee: $150.00**

**SOMERSET COUNTY HEALTH DEPARTMENT**

**8928 SIGN POST ROAD**

**WESTOVER, MARYLAND 21871**

**(P) 443-523-1730 (F) 410-651-3425**

**SANITARY SURVEY APPLICATION**

Number in family \_\_\_\_\_\_\_\_\_\_\_

Number of children requested \_\_\_\_\_\_\_\_\_\_

Check one: 🞏 Adoption

🞏 Day Care

🞏 Foster Care

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) **Water Supply:** Public 🞏 Private 🞏

2) **Sewage Disposal:** Public 🞏 Private 🞏

3) **Milk Supply:** Purchase from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) **Refuse Disposal:** Public 🞏 Private 🞏

5) **Refrigeration of Foods:**  Electric 🞏 Gas 🞏 Ice Box 🞏 Other 🞏 None 🞏

6) **Heating:** Furnace🞏 Coal or Wood Stove🞏 Kerosene Stove 🞏 Electric 🞏

7) **Bedroom:** Number of bedrooms \_\_\_\_ Number of sleeping/napping spaces available \_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_