BAY RESTORATION FUND – SEPTIC SYSTEM UPGRADE PROGRAM
PREAPPLICATION FOR FINANCIAL ASSISTANCE
Fiscal Year 2019 (July 1, 2018 – June 30, 2019)

1. Property Owners: ___________________________________________________________

2. Mailing Address: ___________________________________________________________
   Town: ___________________ State: _______________ Zip: ____________

3. Phone Number: Home: ___________________ Work or Cell: ___________________

4. E-mail: _________________________________

5. Project Address: ___________________________________________________________
   Town: ___________________ State: _______________ Zip: ____________

6. Please Check: □ Residential  □ Commercial

7. Please Check: □ New construction  □ Repair  □ Elective upgrade

Grants for residential properties owned by individuals are based on income guidelines. Please include a copy of your most recent Federal tax form(s) in a sealed envelope for review of income eligibility. Only form 1040 is needed. Do not send schedules or other attachments. Please feel free to blacken out your social security numbers. (All systems must be installed within 60 days of receiving a grant.) (Owners sign below.)

Owner: ___________________ Owner: ___________________

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Note to the Applicant – Upgrade costs pertain only to the cost of the installation, maintenance contract for the first two years, and the cost of the treatment unit only. All other sewage disposal system costs including distribution network and drainfields required by the local approving authority are to be paid by the property owner. This is only a pre-application and the completion of this form does not guarantee the availability of funds to the applicant.

Office Use Only

Date Received: ________________ Year Constructed: ________________ Record Found: ________________

Tax Map ________________ Parcel ________________ Lot ________________ Tax ID No. ________________

Critical Area ________________ Within 1000’ of Waterways ________________ In Water & Sewer Plan ________________

Status of Existing System: ________________________________________________________________

Grant Priority: □ 1. Repair in Critical Area □ 2. Repair outside Critical Area

Updated 6/15/18

Healthy People. Healthy Community. Healthy Future.

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE …..877-334-9985