



**City of Annapolis**  
**Department of Public Works**  
 145 Gorman Street Fl 2  
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

[Waste@annapolis.gov](mailto:Waste@annapolis.gov) • 410-263-7949 • Fax 410-263-3322 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

### Wastewater Discharge Pretreatment Application Non-Residential: Funeral Home Establishment

Annapolis City Code [Chapter 16.16 Article II](#) regulates the discharge of wastewater to the City's Sanitary Sewer System. All users that discharge into the City's Sanitary Sewer System are required to complete the appropriate forms. If you are deemed to be a non-residential user, the information requested in this application will be used to determine the wastewater discharge permit requirements.

**Directions**

Complete the entire application. All required attachments shall be submitted with the application in order for the application to be considered complete. Incomplete or unsigned forms will be returned.

Mail the completed application to the office address above. Should you require assistance in completing this form, please call 410-263-7949.

**I. General Information**

Request for:

New wastewater discharge permit

Proposed discharge

Renewal wastewater discharge permit

Location being renovated or new equipment added

Existing Discharge

New owner (permits are not transferable)

Company name \_\_\_\_\_

Facility address \_\_\_\_\_

Trading/Restaurant name \_\_\_\_\_

Mailing address \_\_\_\_\_

Facility Representative/On-site Manager

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

Title \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Owner/Legal Representative

Enter below the name and title of the owner or authorized agent designated as the representative and signatory authority who can be served with notices and is responsible for the signing of all correspondence and reports. All correspondence, including certified mail, will be sent to this representative at the mailing address listed.

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

Title \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

