

COVENANT CHECK LIST

PERMIT AGENT: _____

OWNER of RECORD: Name _____

NAME & TITLE OF SIGNATORY (if Corporation):

Name _____

Title _____

CITY/TOWN/AREA: _____

COUNTY: _____

ELECTION DISTRICT: _____

PROPERTY TAX ACCOUNT #: _____

PERMIT #: _____

ONSITE #: _____

DEED REFERENCE:

Liber _____ Folio _____

PROPERTY DESCRIPTION:

- * Lot _____
- * Block _____
- * Parcel _____
- * Subdivision _____
- * Town _____
- * Plat Book _____
- * Plat # _____
- * Street Address _____

CONDOMINIUM: Yes _____ No _____

WATER HOUSE CONNECTION: Yes _____ No _____

SEWER HOUSE CONNECTION: Yes _____ No _____

Address to which customer wants original of covenant sent:

Please return completed form to:

Washington Suburban Sanitary Commission
Permit Services Unit
14501 Sweitzer Lane - Lobby Level
Laurel, Maryland 20707
Fax (301) 206-8624