

Township _____ Range _____

Location Sketch of Request

 - 31 - 	 - 32 - 	 - 33 - 	 - 34 - 	 - 35 - 	 - 36 -
 - 30 - 	 - 29 - 	 - 28 - 	 - 27 - 	 - 26 - 	 - 25 -
 - 19 - 	 - 20 - 	 - 21 - 	 - 22 - 	 - 23 - 	 - 24 -
 - 18 - 	 - 17 - 	 - 16 - 	 - 15 - 	 - 14 - 	 - 13 -
 - 7 - 	 - 8 - 	 - 9 - 	 - 10 - 	 - 11 - 	 - 12 -
 - 6 - 	 - 5 - 	 - 4 - 	 - 3 - 	 - 2 - 	 - 1 -

DESCRIBE PRESENT CONDITIONS: *(INCLUDE ANY DETAILS THAT MAY BE HELPFUL TO THE MD STAFF AND SHOW ON SKETCH)*

FOR COUNTY PURPOSES

Date inspected _____ Inspector _____

Comments: (cost estimate, concerns, safety consideration, other items that may impact construction, utilities, pipelines, etc.)
