Hardship Exemption Form

1. **Please complete the following form if you are requesting a extension of time to connect to public utilities:**

_____ Name

_____ Home Phone Number

_____ Address

_____ Other number ☐ cell ☐ work

_____ City, State, Zip

2. Public Connection Extension Request:

If you are seeking a extension to connect to public facilities, please complete the below section:

Private Septic Systems
Date of Private Sewer Installation: _____

Date of the last Sewer Inspection: _____

Public Sewer Exemption or Extension Requested: _____

Private Water/ Well
Date of Private Well Inspection: _____

Date of the last Well Inspection: _____

Public Water Exemption or Extension Requested:_____

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3. Fill in each space below for **ALL** household members **(list yourself first)**

TOTAL NUMBER OF HOUSEHOLD MEMBERS IS _____.

FIRST and LAST NAME	BIRTH DATE M/D/YR	RELATION TO APPLICANT	Sex M/F	Disabled (Yes or No)	Veteran (Yes or No)
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

If there are more persons living in household, please list them on separate paper.

(Turn Over)

APPENDIX C
Hardship Exemption Form Continued

4. The applicant must sign this application before it can be processed.

I declare that the information provided to the Town of Chesapeake Beach, is true, correct and complete.

Print Name | Applicant's Signature | Date

5. OFFICE USE ONLY:

Received/Date (mm/dd/yyyy)	Approved/Date (mm/dd/yyyy)	Denied/Date (mm/dd/yyyy)
/ /	☐ / /	☐ / /

Certifier Signature (Town of Chesapeake Beach -Town Administrator):

Certifier Signature

Comments: