



APPENDIX C 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 <input type="checkbox"/> cell <input type="checkbox"/> 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: _____

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) <input type="checkbox"/> _ / _ / _	Denied/Date (mm/dd/yyyy) <input type="checkbox"/> _ / _ / _
Certifier Signature (Town of Chesapeake Beach -Town Administrator):		
		_____ Certifier Signature
Comments:		