



TOWN OF PRINCESS ANNE

REQUEST FOR SERVICES

1. **JOB/PROJECT NAME** (EXAMPLE: "SMITH RESIDENCE"):

2. **SERVICE ADDRESS** (THE PROPERTY AT WHICH YOU ARE SEEKING SERVICE):

3. **MAP, GRID, PARCEL, LOT** (OF PARCEL(S) SEEKING SERVICE):

4. **TYPE AND DESCRIPTION OF SERVICE REQUESTED:**

- ZONING CERTIFICATE BUILDING PERMIT USE & OCCUPANCY PERMIT
 SUBDIVISION SPECIAL EXCEPTION SITE PLAN VARIANCE OTHER

5. **OWNER INFORMATION** (OWNER OF RECORD AS REFLECTED ON DEED TO PROPERTY):

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE NUMBER: _____

OWNER EMAIL ADDRESS: _____

6. **PRIMARY CONTACT:**

(INDICATE THE PRIMARY CONTACT WITH REGARD TO THIS PROJECT. PRIMARY CONTACT MAY BE THE OWNER OR A CONTRACTOR, ARCHITECT, ENGINEER, BUILDERS OR OTHER PERSON NOMINATED BY OWNER.)

PRIMARY CONTACT NAME: _____

PRIMARY CONTACT BUSINESS NAME: _____

PRIMARY CONTACT ADDRESS: _____

PRIMARY CONTACT PHONE NUMBER: _____

PRIMARY CONTACT EMAIL ADDRESS: _____

RELATIONSHIP TO OWNER: _____

OWNER'S CERTIFICATION

I hereby certify that all information submitted with this Request for Services is true and accurate to the best of my knowledge. I understand that, as the Owner of the property requesting service, I am responsible to reimburse the Town of Princess Anne for fees arising from this Request for Services, including but not limited to fees for legal, advertising, and other services. Other services may include, but are not limited to, project administration and inspection services. I understand that the expenditure of such fees is not to be considered a guarantee of service, or project approval. I further understand that even if the service is not completed (e.g., subdivision plat not recorded, or variance not approved), I am responsible for the actual costs incurred. The terms of payment are due upon receipt of invoice, with 2% interest charged after 30 days. The payment due must be paid in full prior to the Town's final approval, or as agreed to by the Town.

OWNER:

Name (printed) _____ Date _____

Name (signature) _____

Business/Company Name (If applicable) _____

Relation to Business/Company _____

WITNESS:

Name (printed) _____ Date _____

Name (signature) _____