Countrywide Zoning Consultants, LLC

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ORDER FORM

Type of Report needed:

☐ Full Zoning Report

☐ Use Report

☐ Document Acquisition

Date of Order Date Report needed:

Property Information:

Name: _____

Address(es): (Include for each building):_____

_____

City:_____State:_____Zip Code: _____

Legal description:

Lot:_____Block:_____

Assessor's Parcel No. _____

Date of Construction._____

Use Information (check all that applies):

☐ Shopping Center ☐ Retail

☐ Office ☐ Hotel

☐ Warehouse/Manufacturing ☐ Nursing Home/Home for the aged

☐ Multi-Family ☐ Mobile Home Park

☐ Other (Please specify):

Company ordering report(s):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ E-mail: _____

Billing Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ E-mail: _____

Lender Information:

Name of Entity: _____

Required information and/or documents for a full report:

- Survey and
- Rent roll (for commercial properties) or
- Unit Mix (for residential properties) or
- Number of units/rooms (for hotel).
  (Please provide when they become available)

Terms of cancellation: We will charge cancellation fees based on the stage at which the order is. Orders cancelled when the report is completed will be charged the full price, plus the applicable municipal fees.

Thank you for choosing CWZoning for your zoning services. We appreciate your business!