

Date Received: \_\_\_\_\_



Permit Number: \_\_\_\_\_

# Township of

# Georgian Bluffs

177964 Grey Road 18, RR3 Owen Sound, Ontario N4K 5N5 Telephone: 1-519-376-2729

## APPLICATION FOR A TRAILER LICENCE

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Site Information:

Lot: \_\_\_\_\_ Concession/Plan: \_\_\_\_\_ Roll: \_\_\_\_\_

Lot Area \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

### Trailer Location ( Attach Site Plan that includes access to unit)

Civic Address \_\_\_\_\_

### Site Servicing

Please provide details of:

Hydro \_\_\_\_\_

Water \_\_\_\_\_

Sewage Disposal \_\_\_\_\_

Garbage Disposal \_\_\_\_\_

Heating \_\_\_\_\_

### Trailer Details

Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_

Size \_\_\_\_\_ Trailer Licence # \_\_\_\_\_

### Term of Occupancy

This Trailer Licence Application is for the period beginning \_\_\_\_\_ and

ending \_\_\_\_\_.

The maximum number of days that a trailer may be kept on this property is not to exceed 60 (sixty) consecutive days

I hereby certify that the information given herein is true and complete to the best of my knowledge and further that I have read and agree to abide by the terms of the Trailer By-law and will comply with any other Township By-laws and Regulations and the Building Code.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Authorization of Owner**

In the Matter of a Trailer to be placed at \_\_\_\_\_

I, \_\_\_\_\_ (please print) am the registered owner of the lands that are the subject of this application and I authorize \_\_\_\_\_ to make this application on my behalf.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Office Use**

Fee received \_\_\_\_\_

Site Plan received \_\_\_\_\_

Entrance Permit \_\_\_\_\_ 911# \_\_\_\_\_

Other approvals required:

MTO Permit required? Yes / No Received \_\_\_\_\_

GSCA Permit required? Yes / No Received \_\_\_\_\_

NEC Permit required? Yes / No Received \_\_\_\_\_

Date of Expiration of Permit \_\_\_\_\_

Other information required \_\_\_\_\_