Date Received:_____ Permit Number:_____

Township of Georgian Bluffs

2026

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 _____Must have before applying

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 _____