

Corporation of the Township of St. Joseph
Trailer Permit Application/License

1. Name: _____
2. Address: _____

3. Telephone: _____ Postal Code: _____
4. Proposed Trailer Location: Lot _____ Plan/Concession _____
Civic Address _____
5. Make of Trailer: _____ Model: _____
Serial Number: _____ Motor Vehicle License Number: _____
6. Number of Persons to be Accommodated: _____
7. Sanitary/Sewage Disposal Facilities Available: _____
(describe)
8. Proposed Time Period: from _____ to _____
(Note: Maximum of 30 days with self contained sewage/waste holding tank or
up to 90 days with municipal sanitary sewer, approved septic system or privy)

I/We hereby agree that, in the event this application is approved, upon expiry of the license period granted the subject trailer will immediately be removed from the subject property.

Signature of Applicant: _____

Please be sure to attach site plan

THIS SECTION TO BE COMPLETED BY MUNICIPALITY

Approved: _____ Refused: _____

Comments/Conditions: _____

Valid: from _____ to _____

Authorized Signature: _____ Date: _____

Roll No.: _____ Fee Received: _____