**Town of Germantown Camping Permit Application**

 \_\_\_\_ $30 \_\_\_\_$150

 Monthly Permit Seasonal Permit (May 15- September 15)

**Make checks payable to “Town of Germantown”. We do not issue refunds. No credit cards.**

**Permits issued must be posted on the camping unit.**

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1. **Basic Information:**

Dates of Planned Camping Activity: \_\_\_/\_\_\_/\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_\_

Camping Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parcel (if one is assigned):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the camping parcel larger than 3 acres? \_\_\_\_\_\_\_\_\_\_\_\_

1. **Existing Structures:**

Is there an existing residence on this parcel? \_\_\_\_\_Yes \_\_\_\_\_No

Is there an existing accessory structure on this parcel? \_\_\_\_\_Yes \_\_\_\_\_No

 If yes, what type of structure(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Unit and Sanitary:**

Type of Camping Unit? (Choose below)

\_\_\_\_\_RV\_\_\_\_\_Motor Home\_\_\_\_\_Tent \_\_\_\_\_Pop-Up Trailer \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of sanitary provisions will be available? (Choose below)

\_\_\_\_\_Portable toilet \_\_\_\_\_Self-contained unit \_\_\_\_\_Septic System (Permit must be provided)

Name/phone of waste hauler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What arrangements have been made for proper disposal of trash and garbage?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Acknowledgements:**

Do you understand the conditions of Camping Ordinance #8 (Attached) \_\_\_\_\_Yes \_\_\_\_\_No

I certify that the above information is true, accurate and complete.

 Property Owner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_