



*Town of Franklinville, New York  
11 Park Square  
P.O. Box 146  
Franklinville, New York 14737*

**Trailer/Camper Permit Application Form  
(Initial Permit / Annual Renewal)**

**SECTION 1: Applicant Information**

- **Owner/Occupant Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Mailing Address:** \_\_\_\_\_

**SECTION 2: Property Information**

- **Property Address:** \_\_\_\_\_
- **Parcel ID (if applicable):** \_\_\_\_\_

**SECTION 3: Trailer Information**

- **Trailer Make/Model:** \_\_\_\_\_
- **Year:** \_\_\_\_\_
- **License Plate Number (if applicable):** \_\_\_\_\_
- **Intended Use:** \_\_\_\_\_

**SECTION 4: Water and Sewage Disposal**

- **Water Supply Type (check one):**  
 Well  Other (specify): \_\_\_\_\_
- **Sewage Disposal Type (check one):**  
 Septic System  Other (specify): \_\_\_\_\_

**SECTION 5: Permit Type**

- **Permit Type (check one):**  
 Initial Application  
 Annual Renewal

**Applicant Certification**

I certify that all information provided in this application is accurate and that the trailer has adequate water and sewage disposal facilities. I agree to comply with all local zoning laws and regulations.



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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Official Use Only**

**Zoning Inspector Certification**

- **Water and Sewage Inspection Verified (check one):**  
 Approved  Denied
- **Comments:** \_\_\_\_\_
- **Expiration Date:** \_\_\_\_\_

**Zoning Inspector Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_