



**THE CORPORATION OF THE UNITED TOWNSHIPS OF  
HEAD, CLARA & MARIA**  
15 Township Hall Road  
STONECLIFFE, ONTARIO, K0J 2K0

Phone: (613) 586-2526 | Fax: (613) 586-2596 |  
E-mail: [clerk@headclaramaria.ca](mailto:clerk@headclaramaria.ca)

Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Address of Site: \_\_\_\_\_  
Property Roll Number: \_\_\_\_\_  
Applicant's interest in Land (owner, tenant, lease) \_\_\_\_\_

Detailed Description of Recreational Vehicle:  
Length: \_\_\_\_\_ Colour: \_\_\_\_\_ Model # \_\_\_\_\_  
License Plate: \_\_\_\_\_ VIN # \_\_\_\_\_

What provisions have been made for:  
Septic/Black Water: \_\_\_\_\_  
\_\_\_\_\_  
Grey Water: \_\_\_\_\_  
Drinking Water: \_\_\_\_\_  
Fire Safety (Smoke and CO alarms): \_\_\_\_\_  
Electricity, if applicable: \_\_\_\_\_  
Heat, if applicable: \_\_\_\_\_  
Expected dates of occupancy: \_\_\_\_\_

I confirm that the information provided on this application form is true to the best of my knowledge and belief. I acknowledge that the municipality requires each occupied recreational vehicle to be equipped with working smoke and carbon monoxide monitors. I agree to comply with the provisions of By-law 2021-47.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Reviewed by Township of Head, Clara and Maria Administration Staff this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Issuing Official: \_\_\_\_\_