



**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

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: _____