

Town of Small Point - Broad Cove – Blackhead – Adam’s Cove

585 Main Highway, PO Box 160
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Application for Seasonal Trailer Permit

OFFICE USE ONLY			
Date Received:	Application Fee:	Staff Initials:	Application No.:
SECTION 1 - PROPERTY INFORMATION			
Civic #:	Street Name:	Community:	
SECTION 2 – APPLICANT INFORMATION			
Applicant:			
Mailing Address:			Postal Code:
Home Phone:	Work Phone:		
Cell Phone:	Fax:		
Email Address:			
SECTION 3 – PROPERTY OWNER			Same as Applicant <input type="checkbox"/>
Applicant:			
Mailing Address:			Postal Code:
Home Phone:	Work Phone:		
Cell Phone:	Fax:		
Email Address:			
SECTION 3 – TRAILER INFORMATION			
Year:	Make:		
Model:	License Plate #:		

APPLICANT SIGNATURE OF AGREEMENT:

I hereby submit this application and confirm that the information supplied is to the best of my knowledge correct. I agree to comply with all regulations set forth in the Seasonal Trailer Policy # 003/2023.

Note: Where the applicant and property owner are not the same, the signature of the property owner will be required before the application can be accepted for processing.

Applicant Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____