

OFFICE OF THE SELECTMEN

30 PAYSON HILL ROAD RINDGE, NH 03461 Tel. (603) 899-5181 Fax (603) 899-2101 TDD 1-800-735-2964

CAMPER PERMIT APPLICATION

During the Months of	, 20	(60 days Maximum)
Date Filled:, 20		
Name of Applicant:		
Property Address:		
Owner:		
Telephone Number:e-mail		
Property Address/Camper Site:		
Tax Map Lot Zonii	ng District	
Applicant desires to locate a Camper or Travel Trai property for a period of not more than 60 days this members and/or various nonpaying guests. I will provide for sanitation as follows:	year for the tempora	ary use and enjoyment of family
Applicant hereby requests the Rindge Board of Selewith Rindge Zoning Ordinance, Article III, Paragra		a Camper Permit in accordance
I certify that to the best of my knowledge all inform advised my neighbors of the within application. I at their agent to enter onto my property to inspect my	uthorize the Membe	
Owner's Signature		Date signed
Board of Selectmen Chair		Date signed