



TOWNSHIP OF SOUTHAMPTON

5 RETREAT ROAD
SOUTHAMPTON, NJ 08088
609-859-2736

TRAILER/MOBILE HOME UNIT PERMIT APPLICATION AND LICENSE

Calendar Year Ending
December 31, _____

Name: _____

Address _____

City: _____ State/Zip _____

Telephone _____ Cell Phone _____

Email: _____ FAX _____

Tax Block: _____ Tax Lot: _____

Number of Single Wide (Under 18 ft.) _____ Number of Spaces Occupied: _____

Number of Double Wide/ More than One Story Tall _____ Number of Spaces Occupied: _____

I do hereby certify the above information to be true and correct, to the statements made.

Date: _____ Signature: _____

Pursuant to the Southatmpton Township Ordinance 10-2.7, the fee for the permit is \$ 200.00. Please make check payable to Township of Southampton.

Check # _____
Date Received _____
Received By _____

Permit is only valid for a term of one (1) calendar year, and expires December 31st of the year that the permit was issued.
Applications may be renewed as of December 15th for the next calendar year.

FOR OFFICIAL USE ONLY

Copy of sketch detailing area; which includes Buildings, Lots, Access Ways, Parking Areas, ETC.

Yes No

Side to Side spacing is atleast 25 feet Yes No

End to End spacing is atleast 12 feet Yes No

Date Received _____

Approved () Denied () _____

Date: _____

Permit # _____