Town of Effingham Building Permit Application ~ For Campsite Activity

A fee of \$50 must accompany this application - Payable to: Town of Effingham

Fee paid []		(date received)	
Property Owner(s):	Telephone:		
Mailing Address:		Zip:	
Email Address:			·
The undersigned hereby requests perm documents. Permit is void in the event of mi plan review and subdivision regulations (if a l authorize the Town of Effingham I understand that the Town of Effingham res	srepresentation and/opplicable) and any other to enter my property	or non-compliance w ner applicable State to review the specifi	with the zoning ordinance, site and Town laws and regulations.
Signature of Applicant (Camper)			Date
Property Information - Name of campgro	ound:		
Project Location: Tax Map #			
Street name and address of project location			
What is the property's existing use? Please check one: Residential []; Business []; Other [X] _campsite_describe			
Does this application include a change of use? Is this property in a special flood hazard area?			
Please describe the proposed work. You must include the dimensions of any structures			
Please answer the following questions: 1 - What is the square footage of the camps 2 - What is the total square footage of all str 3 - What is the proposed total square footage 4 - Did this campsite exist prior to the year 2 5 - Is this structure(s) replacing an existing s 6 - Does the campsite have 2 parking space	uctures (including the ge of all structures (inc 2000? []yes []nc structure? []yes [RV or camper) now sluding the RV or call	mper) for the site?
Campgrounds: Please provide sketch of site a		•	
Campground Owners: Please read and sign to I designate the person listed below as my agent as described herein. Representations made by I understand that I am bound by any official decision. Camper's Name:	for the purpose of procumy agent may be accepsion made on the basis	ring the necessary Bu led as though made by of such representation	ilding Permit for the proposed work y me personally.
Camper's Home Address:		•	
Owner's Signature(s)			
Mail completed form to: ZEO, Town of Effing Office use only Date of Site Visit Reviewed file [] Reason for denial Article Section	Date Application Appro	ved Da	te Application Denied Variance required
Additional Permits or Approvals Required			
Signature of authorized official		(stamp)	