

**STOCKBRIDGE TOWNSHIP
RECREATIONAL VEHICLE PERMIT APPLICATION
FOR TEMPORARY USE ONLY**

Date of Application: _____ Start Date: _____ End Date: _____

APPLICANT

(Owner of recreational vehicle)

(Names of all occupants, including ages of children)

(Location/address of proposed parking site)

(Make, length, width, and license number of recreational vehicle)

(Applicant's telephone)

(Signature of applicant)

PROPERTY OWNER

(Property owner name)

(Property owner address)

(Property owner telephone)

(Signature of property owner)

AFFIDAVIT: I agree the statements made above are true and accurate to the best of my knowledge and belief, and if found not to be true any permit that may be issued shall become void. Further I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree to conform to all applicable laws and ordinances of this jurisdiction. Further, I agree to give permission for officials of the Township of Stockbridge, the County of Ingham, and the State of Michigan to enter the property subject to this permit application for purposes of inspection.

This approval is for temporary recreational vehicle use only. The provisions of any permit are hereby declared to be necessary for the public welfare, health, peace, safety and morals of Stockbridge Township citizens.

Signed: _____

Date: _____

Approval of Zoning Administrator: _____ Date: _____

Township of Stockbridge (Signature - Zoning Administrator)