

**APPLICATION FOR A TEMPORARY TRAVEL TRAILER / RV
CITY OF HAMMOND**

FILING DATE: ___/___/___

PERMIT# _____

APPLICANT NAME: _____ **Owner** **Other**
First Name MI Last Name

Address: _____
Street Name/Street Number City State Zip

Applicant Telephone: (____) _____ **Email:** _____

TRAVEL TRAILER / RV

Trailer / RV Vendor: _____

Trailer / RV Vendor Telephone #: (____) _____

NOTE: This permit only qualifies applicant for ONE YEAR APPROVAL.
Units must be moved after 1 year.

PARCEL # _____ (Please verify address w/City of Hammond GIS Dept.)

SITE ADDRESS: _____
Street#/Street Name

Where did you get this address? Post Office City Building Dept. 911 Office Other _____

PROPERTY OWNER NAME: _____
First Name MI Last Name

Property Owner Address: _____
Street Name/Street Number City State Zip

Telephone: (____) _____ **Fax:** (____) _____

Email: _____

PERMIT INFORMATION

Serial #: _____ **Size of Travel Trailer / RV:** ___ ft x ___ ft. **Color:** _____

Year Built: _____ **Lot Size:** _____

FLOOD ZONE: Zoning Requiring Elevation Certificate: A AE AO AH A1-A30 A99 B
 Zoning Not Requiring Elevation Certificate: C X

Floodway: Yes No

REQUIREMENTS

ZONING CLASS	# OF UNITS INSTALLED ON A SINGLE LOT		MINIMUM AREA PER UNIT		FRONT SETBACK DISTANCE	SIDE SETBACK DISTANCE	REAR SETBACK DISTANCE

TEMPORARY 1 YEAR TRAILER / RV
 FEE: \$100.00 / Unit, including \$50 sewer impact fee for projects of more than 5 Units.

X _____
 SIGNATURE OF APPLICANT (must be signed by owner)

 DATE

*****FOR OFFICIAL USE ONLY*****

AMOUNT PAID\$ _____ PAID CHECK # _____ CASH DATE PD ___/___/___

(See back of form)

