## SOUTH SHENANGO TWP, 6865 COLLINS RD., JAMESTOWN, PA.16134 724-927-2703 FAX: 724-927-2944

## **RV/CAMPER PERMIT APPLICATION (Please Print)**

NAME	::		·····	
MAILI	NG ADDRESS:			
	ADDRESS:			
	CITY:	STATE:	ZIP:	
CONT	ACT PHONE NUMBER:			
RV / C	AMPER LOCATION ADDRESS II	NFORMATION		
	ADDRESS:			
	CITY:	STATE:	ZIP:	
	ALLOTMENT:			
		:		
	Assessment# and/or Lot#	Inspection Ex	Inspection Expiration Date	
	Where/How is sewage dispos	sed:		
Licens		ermit fee of \$60.00 and enclose my crehicles, and truck mount type campe	•	
1. 2. 3. 4. 5. 6.	have a holding tank and disperegulations, after no more the No permanent additions shall camper.  CAMPERS MUST BE REMOVE MARCH 31 <sup>ST</sup> OF THE FOLLOW Attach Permit on the inside of Comply with all requirement Violations are a Summary Of (see Ordinance 1997-2, Sections).	estem constructed in accordance with law an five days of occupancy.  Il be attached to any licensed travel traced from the period from december ving year. NO EXCEPTIONS of the window, lower right corner, legis of Ordinance 1997-2, Section 120.2, fense; Criminal and Civil Penalties, and on 128. See www.southshenangotwp	rand environmental railer, RV or truck mount  R 16 <sup>TH</sup> OF ANY YEAR UNTIL ible from the exterior. Section 117 (f) d Enforcement may apply.	
	ure:	Date:		
OFFIC		VALID FOR: <b>April</b>		
	DATE ISSUED:	Check# Issued by		