

**Town of Effingham
Recreational Vehicle • Seasonal Use • Permit Application**

Recreational Vehicles are not permitted in the Historic or Province Lake Districts

A fee of \$150 must accompany this application. Make check payable to: Town of Effingham.

Fee paid []

(date received)

Property Owner(s): _____ Telephone: _____

Address of Legal Residence _____ Zip: _____

Mailing Address: _____ Zip: _____

Email Address: _____

The undersigned hereby requests permission to use an RV for recreation purposes for up to 150 days between April 1 and October 31. The Permit will be void in the event of misrepresentation and/or non-compliance with the zoning ordinance and any other applicable State and Town laws and regulations.

I authorize the Town of Effingham to enter my property to review the specifics of this application.

I understand that the Town of Effingham reserves the right to take up to 30 days to make a decision on this application.

Signature of Applicant

Date

Property Information

Zoning Information for lot: Tax Map # _____ Lot # _____ Lot Size _____ Lot Frontage _____ District _____

Street name of RV location: _____

What is the property's existing use? Please check one: [] Residence [] Business [] Vacant/undeveloped land

Does this property have an existing legal driveway? [] yes [] no [] Driveway Application included

Recreational Vehicle Information – Please include a copy of your RV registration

Year _____ Make _____ Model _____ Is your RV registered? [] yes [] no

Registration # _____ Expiration date _____ State or Province _____

Setbacks* of the proposed location of your RV: (in feet): Front _____ Rear _____ Side # _____ #2 _____

Sewage Disposal Method: _____ *Per NH Law & Effingham Health Ordinance*

On the attached grid, or your own plans, show the approximate shape of your lot and the location of the road and driveway. Next show all present buildings in their approximate locations. Finally, show the proposed location and size (length and width in feet) of the RV and mark the setback distances on the plan. Incomplete applications will be returned. *Setback is the number of feet from the RV to your property line.

Dates Requested for Seasonal RV 150 day use: Start date _____ End Date _____

If you have not specified start and end dates, you will be issued a permit that starts at the date of the Application.

Mail completed form to: ZEO, Town of Effingham, 68 School Street, Effingham, NH 03882 or deliver it to the Town Office

Office use only

Date of Site Visit _____ Reviewed file [] Date Application Approved _____ Date Application Denied _____

Reason for denial _____

Article _____ **Section** _____ Special exception required _____ Variance required _____

Additional Permits or Approvals Required _____

Signature of authorized official _____ (stamp) _____