

**TOWNSHIP OF UPPER
ZONING PERMIT
CAMPGROUND/ MOBILE HOME PARK**

Applicant's Name_____

Mailing Address (include zip code) _____

Email_____Phone_____

Property Address_____

Block(s)_____ Lot(s) _____

Site Number _____

Description of Work

PROPOSED SETBACKS

Distance to Adjacent Trailer Right Side Yard _____

Distance to Adjacent Trailer Left Side Yard _____

Distance to Adjacent Trailer Rear Side Yard _____

Conditions of approval shall include: _____

Signature and date of applicant

Signature and date of zoning official

Application: **Approved**_____ **Denied**_____

As per ordinance No. 006-2008 the following fee is required: \$50