



8 Main Street, P.O. Box 38 Kearney, ON P0A 1M0

Telephone: (705) 636-7752 Fax: (705) 636-0527 Email: admin@townofkearney.ca

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## Application For Trailer Licence 2025

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Site Information:**

Lot: \_\_\_\_\_ Concession/Plan: \_\_\_\_\_ Roll: \_\_\_\_\_

Lot Area: \_\_\_\_\_ Zoning: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

**Trailer Location (Attach Site Plan that includes access to unit)**

Civic Address/911 #: \_\_\_\_\_

**Site Servicing (Please provide details of):**

Sewage System Info: i) Permit # (copy attached) \_\_\_\_\_

ii) Existing (shown on site plan) \_\_\_\_\_

iii) Built In Tank (emptied off site)                      Y                      N

**Trailer Details:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Trailer Licence #: \_\_\_\_\_ Year & Colour: \_\_\_\_\_

I hereby certify that the information given herein is true and complete to the best of my knowledge and further that I have read and agree to abide by the terms of By-law 2013-17 (Trailer By-law).

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Applicant's Signature

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Date

- Civic address number is required. If no civic address has been assigned for this property, one must be applied for prior to submitting this application.
- Proof of ownership attached (deed or deed transfer)
- Site Plan Attached (show entire property, all existing buildings, sewage system, trailer location including distances to all property lines, driveway, utilities)
- Please Attach 4 pictures (one of each side of the trailer)

**Office Use Only**

Fee Received (\$700): \_\_\_\_\_

Proof of Ownership Received: \_\_\_\_\_

Pictures Received: \_\_\_\_\_

Site Plan Received: \_\_\_\_\_

Date of Permit Expiration: \_\_\_\_\_