

Zoning District _____

Date Stamp _____

Permit No. _____

HONEY BROOK TOWNSHIP
Trailer Removal Permit Application

Owner/Applicant Name _____

Address _____

Phone No. _____

Tax Parcel Number 22- _____

Trailer to be relocated? Yes No

If yes, New Owner Name _____

Address _____

Tax Parcel Number (if applicable): _____

Trailer junked on site? Yes No

Trailer removed by salvage company? Yes No

Applicant Signature

Date

TOWNSHIP USE ONLY

Township Official Signature

Date

Taxes Paid Yes No

Permit Fee: _____

Fee paid by: Cash _____

Check # _____

PERMIT GRANTED

PERMIT NOT GRANTED