



Town of Stafford, CT
 1 Main Street, Stafford Springs, CT 06076-1208
 PLANNING & ZONING COMMISSION
 (860) 684-1793 · Fax (860) 684-1768

PERMIT # _____

CAMPING AREA ANNUAL RENEWAL PERMIT

FEE: Does annual fee of \$80.00 accompany this application? **YES** ___ **NO** ___ DATE: _____

APPLICANT: _____ Phone: _____

Address: _____

PROPERTY OWNER: _____ Phone: _____

Address: _____

NAME OF CAMPING AREA: _____

EXPIRATION DATE of Current Permit: _____

LOCATION: _____

VIOLATIONS: Have any violations been cited during term of present permit by Town or State officials? **YES** ___ **NO** ___

If YES, explain: _____

REGULATIONS: Is applicant meeting all present State and Local camping area regulations? **YES** ___ **NO** ___

If NO, explain: _____

APPLICANT Signature: _____ Date: _____

OWNER Signature: _____ Date: _____

APPROVAL: Has Zoning Officer inspected this camp site: **YES** ___ **NO** ___

Were any violations found? **YES** ___ **NO** ___

If YES, explain: _____

ANNUAL RENEWAL APPLICATION: APPROVED ___ DISAPPROVED ___ Date: _____

EXPIRATION DATE: _____

SIGNATURES of Commissioners:

