



# TOWN OF WESTPORT

BOARD OF SELECTMEN  
816 MAIN ROAD  
WESTPORT, MASSACHUSETTS 02790  
Tel: 508-636-1006 Fax: 508-636-1147

## TRAILER PERMIT APPLICATION

\_\_\_ NEW OR \_\_\_ RENEWAL  
\_\_\_ SEASONAL  
\_\_\_ EMERGENCY PERMIT -FIRE  
    #\_\_\_ MOS.  
\_\_\_ NEW CONSTRUCTION  
    #\_\_\_ MOS.

**PLEASE ANSWER ALL ITEMS LEGIBLY**

TODAY'S DATE: \_\_\_\_\_

### **APPLICANT/OWNER INFORMATION**

**Name of Applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ (City or Town) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
**Applicant's Phone:** home \_\_\_\_\_; (cell) \_\_\_\_\_; (other) \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ (City or Town) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
**Owner's Phone:** home \_\_\_\_\_; (cell) \_\_\_\_\_; (other) \_\_\_\_\_  
**Email address:** \_\_\_\_\_

### **TRAILER INFORMATION:**

**Address/location of trailer:** \_\_\_\_\_ **Assessor's Map #:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_  
**Proposed use of trailer:** \_\_\_\_\_  
**Duration of permit applied for (if other than seasonal 6 mos., see reverse):** \_\_\_\_\_  
**Description of trailer – please list: make/model, color, dimensions, serial number and state of registration with registration number.** \_\_\_\_\_

**Has there ever been a trailer located on this lot?** ☐ **Yes** or ☐ **No** If yes, date trailer first placed there: \_\_\_\_\_  
**Is there any other trailer or dwelling unit on this lot at the present time?** ☐ **Yes** or ☐ **No** If yes, describe: \_\_\_\_\_

- Is the proposed location of the trailer within 100 feet of the ocean, river, brook, stream, wetlands, marsh, etc.? ☐ **Yes** or ☐ **No**
- Is it in the flood plain? ☐ **Yes** or ☐ **No**
- If yes, to either question, has the Westport Conservation Commission approved this application for the intended use? ☐ **Yes** or ☐ **No**  
Please indicate date of approval: \_\_\_\_\_.

**TURN OVER TO CONTINUE** 

### **OFFICE USE ONLY:**

**Date Application and fee received:** \_\_\_\_\_ **Cash /Check #** \_\_\_\_\_  
**Pump Out Record:** ☐ **Yes** ☐ **Not Applicable**  
**Date electrical inspection fee received:** \_\_\_\_\_ **Cash/Check #** \_\_\_\_\_  
**Conservation Commission approval, date if given:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

---

**WASTE DISPOSAL:**

- Does trailer have a self-contained disposal system? (*check one box*) ☐ Yes or ☐ No
  - If self contained, what company will provide waste disposal? \_\_\_\_\_
  - What other provisions do you have for waste disposal? \_\_\_\_\_
  - Is there an on-site, in the ground disposal system? (*check one box*) ☐ Yes or ☐ No
  - Describe the disposal system on site (*i.e. tight tank or septic system*): \_\_\_\_\_
  - Date of last inspection? \_\_\_\_\_
  - Date of last pump-out? \_\_\_\_\_ (*latest report is required to be attached to this application*)
  - What company will dispose of waste? \_\_\_\_\_
  - **SPECIFICALLY INDICATE other provisions** for waste disposal especially if a self-contained unit: \_\_\_\_\_
- 
- 

---

**6 MONTH PERMIT**

IF PERMIT IS FOR 6 MONTHS, to be inhabited:

Has a Variance or Special Permit been granted to place a trailer on the lot? \_\_\_\_\_

Date Granted: \_\_\_\_\_; Date recorded in the Registry of Deeds: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_

---

**12 OR 18 MONTH PERMIT**

IF PERMIT IS FOR 12 OR 18 MONTHS (to construct a dwelling only)

Date the Building Permit was issued: \_\_\_\_\_

Date the septic system was approved after installation: \_\_\_\_\_

Date the well was approved: \_\_\_\_\_

---

**IF APPLICATION IS FOR ANY OTHER PURPOSE OR DURATION THAN ABOVE:**

State specifically the purpose for a trailer and the length of time applied for: \_\_\_\_\_

---

---

---

---

**PLEASE ATTACH THE FOLLOWING. (Required only if not already on file with the Board of Selectmen)**

- A. A sketch of the lot with dimensions and the proposed location of the trailer.
- B. A copy of deed of conveyance to owner.
- C. A copy of any variance in effect on the property.

---

**SIGNATURE**

**I, THE UNDERSIGNED APPLICANT, understand that under the By-Laws of the Town of Westport, I must remove the trailer from the lot at the expiration of the permit period, whatever its duration.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---