



TOWN OF LOXAHATCHEE GROVES

RECREATIONAL VEHICLE PROGRAM APPLICATION

PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME _____

PROPERTY ADDRESS _____

PCN _____ PARCEL SIZE (ACRES) _____

ZONING _____ USE CODE _____

OWNER CONTACT INFORMATION:

PRIMARY PHONE _____ CELL PHONE _____

EMAIL _____

24 HOUR CONTACT INFORMATION (ON-SITE RESIDENT) :

PRIMARY PHONE _____ CELL PHONE _____

EMAIL _____



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APPROVED REGISTERED VEHICLES FOR RENTAL USE

RV #

PERMIT # DATE ISSUED AMOUNT PAID \$

OWNER

VEHICLE MAKE & MODEL

LICENSE PLATE # STATE

IF MORE THAN ONE SPACE ALLOWED ON PROPERTY, THIS RV WILL BE IN SPACE # .

AUTHORIZED TENANT IDENTIFICATION:

NAME

PERMANENT ADDRESS (incl. city & state)

DOB SEX RACE

DRIVERS LICENSE/ID # STATE



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INSPECTION REPORT

Evidence of hook-ups indicated by inspector initials and date below:

<u>INSPECTION</u>	<u>INSPECTION DATE</u>	<u>INSPECTOR INITIALS</u>	<u>NOTES</u>
ELECTRICAL			
WATER			
SEPTIC			
GROUND COVER (OPTIONAL)			

Other Observations: _____

Building Official Approval

Signature

Date: _____

Print Name



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Hold Harmless Clause: Property Owner shall hold harmless the Town of Loxahatchee Groves, its elected and appointed officials, its employees and agents, from and against any and all claims, actions, and judgments, made by any person, corporation, firm, or entity for any loss, claim or damage, including without limitation, arising from a claim of personal injury or property damage for any act or omission arising out of the use of the property under this Recreational Vehicle Parking Program, located at:

Loxahatchee Groves, FL 33470,

Print Property Address

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE. FURTHER, I/WE UNDERSTAND THAT THIS APPLICATION BECOMES PART OF THE OFFICIAL RECORD OF THE TOWN OF LOXAHATCHEE GROVES. I UNDERSTAND THAT ANY KNOWINGLY FALSE INFORMATION GIVEN WILL RESULT IN ENFORCEMENT ACTIONS BY THE TOWN.

Signature of Property Owner

STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization this day of , 20 , by _____ (name of person making statement), who is personally known to me or has produced _____ as identification.

Signature of Notary Public

(Seal)

Print, Type/Stamp Name of Notary

11. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 11)

For Official Use Only:

PERMIT #: _____

PERMIT APPROVED BY: _____ **Date:** _____

Title: _____ **PERMIT**

DATE ISSUED: _____

REQUIRED REMOVAL DATE: _____

ACTUAL REMOVAL DATE (TBD): _____ **(If prior to required date, owner must notify town)**



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RECREATIONAL VEHICLE PROGRAM APPLICATION

ATTACHMENT A – SKETCHED VEHICLE PARKING LAYOUT

(Show and number all RV spaces, storage and/or rental, as well as Groom's Quarters or Caretakers Quarters, on property)



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ATTACHMENT B – APPROVED SEPTIC VENDOR CONTRACT