



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

Fee: \$50.00
Per Lot

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.townofwestspringfield.org

MOBILE TRAILER PERMIT APPLICATION

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Number of Trailers: _____

Address where trailers will be placed: _____

Timeframe: During the period of _____ through _____ for the "The Big E" at the Eastern States Exposition.

The maximum period: Three (3) days before and one (1) day after the fair.

I have hereby received, read, and understand the Regulations for placement and occupancy of Mobile Trailers for the Town of West Springfield. Any Mobile Trailer not in full compliance with the provisions of this regulation shall be removed from the property within 24 hours of Notice of Violation unless the violation is proven to the Director of Public Health to have been corrected. The owner shall pay for the costs of removal of any mobile trailer found to be in violation of these regulations.

Signature of Applicant

Date

Plan of lot received by Health Department

For Health Department Use

Application Approved: **YES** or **NO** Date: _____

Approving Authority Signature: _____

Permit Number: _____