

SUPPLEMENTAL CHECKLIST FOR TRACTOR-TRAILER PARKING

Does the property owner live on the property? ___ Yes ___ No

PRODUCTS BEING HAULED:

___ Dry Goods / Freight ___ Gasoline / Propane ___ Hazardous Materials
___ Refrigerated Goods ___ Produce ___ Livestock / Animals
___ Other

Specify types of materials and products being hauled: _____

ON-SITE TRUCK-TRACTOR AND TRAILER INFORMATION:

Number of truck-tractors (please list): _____

Number of trailers (please list): _____

Number of truck-tractors and trailers owned by property owner (please list make & model): _____

Number of truck-tractors and trailers not owned by property owner (please list make & model): _____

SITE IMPROVEMENTS:

Total size of parking area: _____

Proposed surface material for parking area: _____

Size of office (if applicable, please show location on site plan): _____

OPERATIONS:

Operating hours and season: _____

ADDITIONAL NOTES (attach additional sheets as necessary):

