

Contact Information

Company Name: _____
 Applicant Name: _____
 Mailing Address: _____ Postal Code: _____
 Phone: _____ Cell: _____ Email: _____

Parking Space Information

Road/Street address: _____
 Location description: _____

 # of parking spaces: _____ Date and time information: Dates: _____
 Hours: _____
 Purpose: _____

Costs

\$5.00 per day (excluding weekends) per parking space must be paid at the time this application is submitted.

Spaces being occupied with: _____ Vehicle(s) Other _____
 _____ X _____ X \$5 = _____

Application Checklist

- Prime Contractor Designation Letter
- Certificate of Insurance
- Transit
- Site Plan
- Permit Fee
- Public Works were contacted regarding impact to transit/garbage routes

Agreement

I HEREBY AGREE to the terms stipulated herein and further agree to indemnify and save harmless the City against any and all claims, actions, or expenses whatsoever or by whomsoever brought against the City by the reason of the City granting us this Parking Space Occupation Permit.

I accept responsibility for delay caused by incorrect or insufficient submission materials. Processing begins only when an application is certified as complete. To be considered complete the application must include this completed form and required fees.

Personal Information provided on this form is collected under the authority of the Community Charter/Local Government Act.

 Owner's Signature Date

Permit Status (Office use)

- Certificate of Insurance
- Utilities Department
- Impact to bus service
- Bylaw Services
- Impact garbage and recycling collection
- Building re: Part 8 of BCBC

Request is denied for the following reason(s): _____

Request is approved with the following change(s): _____

Request is approved as submitted: _____ Date _____
 Director of Public Works Operations or Designate