

Parking Space Occupation Permit Request

City Hal

410 Kinchant St, Quesnel, BC, V2J 7J5 T: 250-992-2111 | F: 250-992-1512 cityhall@quesnel.ca | www.quesnel.ca

Contact Information		
Company Name:		
Applicant Name:		
Mailing Address:		Postal Code:
Phone:	Cell:	Email:
Parking Space Informatio	n	
# of parking spaces:	Date and time information	n: Dates:
" or parking opaces.		Hours:
Purposo:		
ruipose		
Costs		
\$5.00 per day (excluding weekend	ds) per parking space must be paid a	at the time this application is submitted.
Spaces being occupied with: Vehicle(s) Other		
x	_ X \$5 =	
Application Checklist Prime Contractor Designation L	etter [☐ Site Plan
Certificate of Insurance	_	☐ Permit Fee
☐ Transit	<u>-</u>	☐ Public Works were contacted regarding impact to transit/garbage routes
Agreement		
I HEREBY AGREE to the terms stip		ndemnify and save harmless the City against any and all claims, actions, or expens-
•	, ,	son of the City granting us this Parking Space Occupation Permit.
complete. To be considered comp	plete the application must include th	omission materials. Processing begins only when an application is certified as is completed form and required fees.
Personal Information provided on the	his form is collected under the author	ity of the Community Charter/Local Government Act.
Owner's Signature		Date
Permit Status (Office use)		
		Impact garbage and recycling collection
Utilities Department	Bylaw Services	Building re: Part 8 of BCBC
I	g reason(s):	
Request is approved with the following change(s):		
Request is approved as submitted	 :	
The second secon	Date Date	Director of Public Works Operations or Designate