



Date of Application _____

Permit being applied for (choose one) ☐ PARKING ☐ OBSTRUCTION ☐ OPERATING

Date(s) being applied for _____

Reason for application _____

Name of Applicant _____

Address of Applicant _____

Phone Number _____

Address/Area Affected _____

Vehicle information (if applicable) License Plate # _____ Colour _____

Type _____ Other _____

Terms and Conditions:

☐

I have read and understand the relevant Town of Bon Accord Bylaws pertinent to this application.

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I understand I am required to adhere to the restrictions and/or conditions that will/may be included in the application if approved.

Signature of Applicant _____

The information collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to process Temporary Permits for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-3550.

OFFICE USE ONLY

☐

Approved

☐

Denied

☐

Pending (reason) _____

Conditions: _____

Date of Review _____ Permit # (if approved) _____

Signature of CAO or Representative _____