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Temporary Permit Application Form

Application must be received at least three (3) business days prior to permit dates indicated

Date of Application							
Permit Type (choose one)	PARKING	OBSTRUCTION	OPERATING				
Date(s) being applied for	e(s) being applied for Phone Number						
Reason for application							
Name of Applicant							
Address of Applicant							
Address/Area Affected							
Vehicle information (if applica	ible) License Plate #	ŧ	Colour				
Туре		Other					
I have read and understand the relevant Town of Bon Accord Bylaws pertinent to this application. I have attached a diagram showing area and placement of obstruction. 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 4(c) of the 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, TOA OKO or by calling (780) 921-3550. OFFICE USE ONLY Approved Denied Pending (reason)							
Refundable Barrier Security De		ed damage-free (Obstr	ruction Permit)				
Date of Review Permit # (if approved)							
Signature of CAO or Represent	ative						