| TR #: |  |  |  |
|-------|--|--|--|
|       |  |  |  |



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                               |                       |                 |  |  |  |  |