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## TEMPORARY USE PERMIT APPLICATION

I/We \_\_\_\_\_  
(Name of Applicant)

of \_\_\_\_\_  
(Mailing Address)

apply for the following permit to manage development on the property specified below.

### 1. Permit Type

\_\_\_\_\_ Temporary Use Permit \$500

\_\_\_\_\_ Renewal Temporary Use Permit \$350

### 2. Subject Property

Civic Address \_\_\_\_\_, Kitimat, B.C., V8C \_\_\_\_\_

Legal Description \_\_\_\_\_  
Lot Block District Lot RP

Zone \_\_\_\_\_ Property Area \_\_\_\_\_ ha

Official Community Plan Designation \_\_\_\_\_

### 3. Existing Use

Describe existing use and development.

\_\_\_\_\_  
\_\_\_\_\_

### 4. Proposed Use

Describe proposed use and development (attach extra pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_

Approximate project start date and completion schedule.

\_\_\_\_\_

### 5. General Comments

Reasons and comments in support of application.

\_\_\_\_\_  
\_\_\_\_\_

6. Specify proposed duration of activity. Please note maximum permit duration is three years, with one renewal.

\_\_\_\_\_

Will buildings and/or structures associated with this temporary activity be permanent or temporary? Explain.

\_\_\_\_\_  
\_\_\_\_\_

7. **Attachments**

The Director of Community Planning and Development requires you provide the following documents in support of your application. Bulleted items are mandatory. Optional information may also be requested.

- Sketch plan of site showing the parcel boundaries, existing building, access, services and scale. Measurements should be in metres. Preferred size is 28 cm x 43 cm (11" x 17").

----- *Optional* -----

\_\_\_ Technical information and reports listed below.

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\_\_\_ Copy of (1) State of Title Certificate, or (2) Certificate of Indefeasible Title, for subject property. Copies are available from the Land Title Office, and should be dated no more than thirty days prior to application date.

8. **Declarations**

a. Property Owner

Where the applicant(s) is/are not the registered property owner(s), the following statement must be signed by the registered owner(s) or the owner's(s) agent.

This application is made with my/our full knowledge and consent.

Name(s)	Date
Mailing Address (incl Postal Code)	Authorized Signature(s)
Phone	Email
	Fax

b. Applicant

I/We declare that statements and information submitted in support of this application are, to the best of my/our knowledge, true and correct.

Signature(s)	Date
Phone	Email
	Fax

**FOR OFFICE USE:**

Yes    No Application Details Attached?	Fee Paid (Date)	Initials of Official
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Yes    No Building Permit Required?	Yes    No Bldg Permit Application Rcvd?
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Circulation:    Building    Engineering    Fire    Planning

Department Comment Required by: \_\_\_\_\_  
(Date)