



# Temporary Office Trailer Permit

Telephone: 604-591-4370

Fax: 604-501-7685

## Temporary Office Trailer Information

|   |  |
|---|--|
| Location of Trailer   | Date Trailer To Be Located On Site     |
|   |  |
| Use of Trailer  | Building Permit/Development Permit No. |
| <input type="checkbox"/> Construction Site Trailer<br><input type="checkbox"/> Temporary Institutional Office<br><input type="checkbox"/> Temporary Business Office |  |
| Site Map Attached Y/N   | Letter of Authorization Y/N            |

## Occupant of Temporary Office Trailer Information

|                 |               |                   |         |
|-----------------|---------------|-------------------|---------|
| Company Name    | Contact Name  | Contact Phone No. |         |
|                 |               |                   |         |
| Mailing Address | City/Province | Postal Code       | Fax No. |
|                 |               |                   |         |

In consideration of the granting of the above application, I hereby agree to conform to the requirements of all pertinent statutes and by-laws, and do further undertake to remove said trailer from said property immediately upon or prior to the expiration of said permit.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## Office Use Only

|                    |                      |
|--------------------|----------------------|
| Trailer Permit No. | Business License No. |
|                    |                      |

## Fees

## Inspections

|             |             |        |        |
|-------------|-------------|--------|--------|
| Trailer Fee | Receipt No. | By-law | Health |
|             |             |        |        |

## Approval

SIGNATURE OF MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

Permit Duration: \_\_\_\_\_