

Temporary Use Permit Application

Applicant(s)

Name: _____

Address: _____

Phone: _____ Email: _____

Owner(s) of Property

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Property Information (Civic address of properties to which this TUP will be applicable to:)

Property Address(es): _____

Is a building permit required subsequent to the issuance of this TUP?

Yes (Application should be submitted at the same time as TUP application)

No

Purpose of Application


Fees (to be paid at time of application, please check all applicable)

	Quantity	Fees
TUP Fee		
Site Profile		
Total Fees:		

Applicant Acknowledgement


Any personal information that is collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions or concerns regarding the collection, use, disclosure or safeguarding of personal information associated with this form, please direct enquiries to the Corporate Services department at (604)793-2986.


I/We have attached to this application the required documents and hereby agree to submit further information and/or fees deemed necessary for processing this application.

Applicant or Authorized Representative Name (Print) Signature  _____
Date

Authorization of Applicant

I hereby designate _____ to act as my agent in matters related to this application.

Owner's Name(s) (Print): _____ Owners Signature(s): _____ 

Owner's Name(s) (Print): _____ Owners Signature(s): _____ 

LETTER OF AUTHORIZATION

Release Form

DATE: _____

ATTENTION: CITY OF CHILLIWACK

I/WE _____

AS THE AUTHORIZED APPLICANT OF FILE NUMBER(S)

Authorize the City of Chilliwack to release sources of information and support documentation pertinent to the application(s) listed above. Sources of information and support documentation include, but are not limited to, professional/consultant reports, site plans, drawings, application forms and maps.

Print Name

Signature

Phone Number

E-mail Address
