

COMMERCIAL VEHICLE PERMIT APPLICATION



Name of Applicant: _____

Address: _____ Postal Code _____

Telephone No: _____

Location of Site: _____

Lot Size: _____

Lot Frontage: _____

Describe proposed parking area (i.e.: yard, lot, driveway, etc):

Description of Vehicle	Type (incl. Weight)	License #
_____	_____	_____

Length of time that the applicant wishes to park vehicles on site (i.e.: year-round, six months, overnight, etc.):

What types of goods, if any, will be stored in vehicles (i.e.: hazardous goods, fuels, etc.)

Does the applicant operate a business on site: _____YES _____NO

If yes, what kind of business? _____

Is the vehicle required for the business? : _____YES _____NO

Additional Comments:

Signature: _____ Date: _____

