



# Temporary Office Trailer Permit

Telephone: 604-591-4370

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## 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 <input type="checkbox"/> Temporary Institutional Office <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: \_\_\_\_\_