



APPLICATION FOR COMMERCIAL VEHICLE PERMIT

Application No.: \_\_\_\_\_

Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_

Location of Site: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Description of Proposed Parking Area (I.e. Yard, Lot, Drive, Etc.):

\_\_\_\_\_

Description of Vehicle (s):	Type (Include Weight)	# of Vehicles
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_

What type 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 Business? \_\_\_\_\_

Are vehicles required for the Business? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner (if different from above): \_\_\_\_\_

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to [planning@paradise.ca](mailto:planning@paradise.ca).

**Payment for the Permit is required to be remitted within 60 days of the date the applicant is notified that the permit is ready. Failure to remit the payment as specified will result in cancellation of the permit application.**