



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): _____

