

ENGINEERING & PUBLIC WORKS 3000 GUILDFORD WAY, COQUITLAM, B.C. V3B 7N2 PHONE: 604-927-3515 FAX: 604-927-3505

EMAIL: patio@coquitlam.ca

## **SIDEWALK and CURBSIDE USE PERMIT**

PART 1 - BUSINESS INFORMATION					
BUSINESS NAME:					
BUSINESS ADDRESS:					
	UNIT NO.	STREET NO.	ST	REET NAME	
PART 2 - APPLICANT S	ΓΔΤΕΜΕΝΤ				
I/We have received and read the regulations, as related to the Sidewalk and Curbside Use Permit(INITIAL)					
I/We the undersigned hereby make application for a Sidewalk and Curbside Use Permit in accordance with the information as stated and declare that the statements are true and correct. I/We undertake, if granted the permit applied for, to					
comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the					
City. I/We further understand that the permit expires one year from the date of commencement and must be renewed					
each year. Every permit is subject to review at any time and may be suspended or revoked for cause.					
PERMIT REQUIRED WITH APPLICATION: \$ (May be subject to amendment) PREPAID #					
FORM COMPLETED BY: SIGNATURE: (Please Print)					
(Please Print)					
DATE: CONTACT #:					
The personal information collected on this form is collected in accordance with the Freedom of Information and Protection					
of Privacy Act. The City has authority to collect your information for the purposes of administering the Business Licensing System in accordance with Division 9 of the Community Charter. Should you have any questions or concerns about the					
collection of your personal information, please call the Project Administration Coordinator: 604-927-3515. (PLEASE NOTE:					
Business contact information contained in PART 1 is not considered personal information and will be released on request).					
PART 3 - OFFICE USE ONLY					
APPLICATION RECEIVED BY: DATE: ASSOCIATED B/L#:					
PERMIT APPLIED FOR: SMALL □ MEDIUM □ LARGE □					
DETAILED DRAWING SUBMITTED WITH APPLICATION:					
APPROVALS REQUIRED	): ENGINEERING	□ LICENSING □	ZONING $\square$	INSURANCE CERTIFI	CATE □
NOTIFICATION REQUIRED: HEALTH □					
APPROVED BY:	DATE	DATE ISSI	JED:	ISSUED BY:	