

Special Event Temporary Use Permit Application

Please note: Incomplete applications will be returned to the applicant. No hand drawings will be accepted. Napkin plans will not suffice. Please no crayon, and remember your application is one of many that we receive, and will be processed in the order they are received. Do not staple or bind any plans or documents being submitted.

Special Event Details

Proposed Location _____ PID _____

Zoning _____ Use of Existing Property _____

Supporting Documentation (i.e. dates, number of guests, operation plan):

Please attach any additional information to this application form.

Personal Information Declaration: This information is collected pursuant to Part 14 of the *Local Government Act* and CVRD Development Application Procedures and Fees Bylaw No. 3275. This information has been collected and may form part of the public record and may be included in a meeting agenda that is posted online when this matter is before the Board or a Committee of the Board. I hereby consent that all information, including personal information, contained in this document including all attachments maybe made available to the public. Note: For more information on disclosure, contact the CVRD FOI Coordinator at 250.746.2507 or 1.800.665.3955.

Office Use Only	Date Received	Received By (In-person, email, mail)
	Receipt No.	
	Fees Paid: \$	

Contact Details

The property described above is the subject of this application and is referred to herein as the 'subject property'. This application is made with my full knowledge and consent. I declare that the information submitted in support of the application is true and correct in all respects. By completing this application form, the owner and/or applicant hereby is aware and authorizes site inspections to be conducted by Regional District staff as authorized by the Regional Board.

Owner's Declaration

Name of Owner (print)	Signature of Owner	Date
Name of Owner (print)	Signature of Owner	Date

Owner's Contact Information

Address	City
Email	Postal Code
Primary Phone Number	Secondary Phone Number

Only complete this section if the applicant is not the owner

Name of Agent	Company
Address	City
Email	Postal Code
Primary Phone Number	Secondary Phone Number

I declare that the information submitted in support of this application is true and correct in all respects.

Signature of Agent	Date
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I, the owner, hereby give permission to _____ to act as my/our agent in all matters relating to this application.

Signature of Owner	Date
Signature of Owner	Date