



Highway Use Permit Application

SUBJECT PROPERTY:

Permit # _____
Office Use Only

Civic Address: _____

Location or intersection: _____

CONTACT INFORMATION:

Applicant Name: _____

Business Name (if applicable): _____

Mailing Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

(Please identify your preferred means of contact with an asterisk.)

Contractor (if applicable): _____

(ensure a valid Business License is obtained)

Mailing Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

APPLICATION DETAILS:

Purpose of Application

- | | |
|---|--|
| <input type="checkbox"/> Building Permit | <input type="checkbox"/> Capital Works |
| <input type="checkbox"/> Soil/Fill Permit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Utility Company | |

Requested dates for permit: From: _____ To: _____

Description of work: _____

Owner/Applicant Signature: Print Name: Date:

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NOTICE: Personal information requested on this form is collected under the authority of Section 26.C of the Freedom of Information and Privacy Act. The information gathered will be used by the City of Pitt Meadows for processing this application. Questions about the collection, use, and disclosure of this information should be directed to the Privacy Head, clerks@pittmeadows.ca, 604.465.5454.