

# Request for Access Use Permit

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**Location of Permitted Use:** \_\_\_\_\_

Intent of Use and  
Description of all vehicles  
and equipment to be  
utilized: \_\_\_\_\_  
\_\_\_\_\_

**Date(s) Access Required:** \_\_\_\_\_

**Return Key Date:** \_\_\_\_\_

*I HEREBY AGREE to the terms stipulated herein and further agree to indemnify and save harmless the City against any and all claims, actions, or expenses whatsoever or by whomsoever brought against the City by reason of the City granting us this Access Use Permit. Fee of \$65.40 will be charged for pre and post-inspection of area.*

**Permitted Use:** Upon approval, permission will be hereby granted in accordance with City Council resolution of 83.05.16, for the temporary use of access on City property at the above-noted location. The applicant is responsible for the restoration of any damage to the property due to this temporary use and repairs may be made by the City utilizing the \$200.00 damage deposit provided by the resident. Please allow a minimum of 48 hours for approval.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT:**

Photos Taken  WO No. \_\_\_\_\_

Ok to issue Key?  KEY No. \_\_\_\_\_

\_\_\_\_\_  
**DATE:**

**PERMISSION GRANTED BY:**

**KEY ISSUED BY:**

\_\_\_\_\_  
Supervisor

- \_\_\_\_\_  
 Supervisor, Roads & Drainage  
 Director/Manager/Superintendent Eng & Ops  
 Operations Assistant

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

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

**EMAIL TO:**  operations@portmoody.ca

**FAX TO:**  604-469-4530 (works yard)