

Town of Dundurn
Form E to Bylaw 11-87 - Application for Approval
Temporary Shipping Container, Bylaw 2014-11

Permit # _____

Date of Application: _____ Date Received: _____

Name of Applicant: _____ Owner of Property: YES NO

Mailing Address: _____

Contact Information: (home) _____ (cell) _____

Email Address: _____

Container Size: _____

Proposed Location: (Note: container must be placed in backyard when possible)

Proposed Usage: _____

Date of Delivery: _____

Date of Removal (maximum 3 months): _____

Approval has been granted for the installation of a temporary shipping container as per the information stated above, with the following conditions:

Approval has NOT been granted for the installation of a temporary shipping container because:

Development Officer, Town of Dundurn

Date

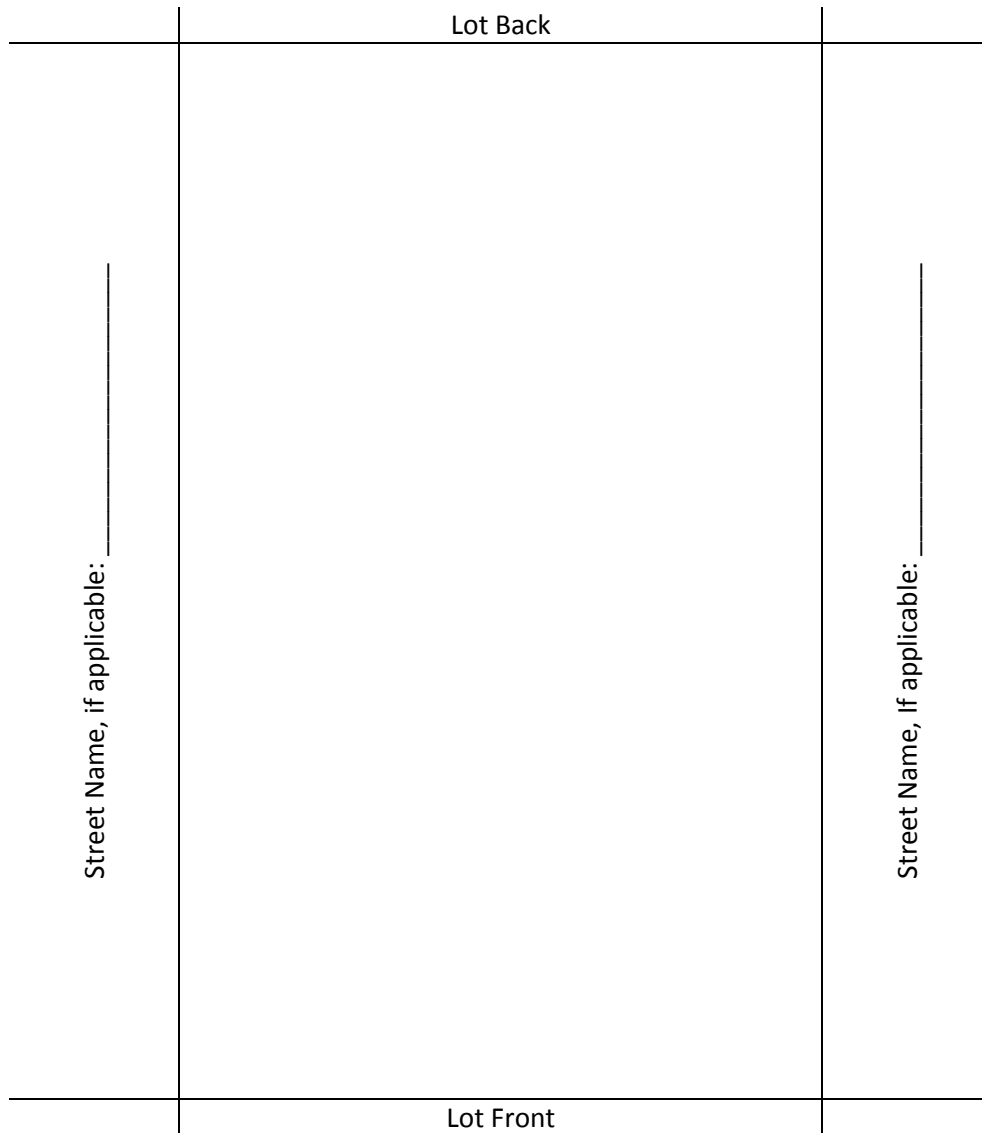
Form E to Bylaw 11-87 (continued)

Civic Address: _____

Legal Address: _____

Zoning Designation: _____

Lot Plan – show lot location, existing buildings and proposed container placement:



Street Name: _____