

SCHEDULE "D"
DISTRICT OF FORT ST. JAMES
APPLICATION FOR TEMPORARY COMMERCIAL PERMIT

I/We hereby make application to the District of Fort St. James for a Temporary Commercial Permit.

1. Name of Applicant(s) _____

2. Address _____

3. Telephone Number: Business _____ Residence _____

4. Name of Owner(s) _____
(If different from Applicant)

5. Address _____

6. Legal Description of Property _____

7. Street Address of Property _____

8. Official Community Plan Map Designation .

9. Present Zoning _____

10. Description for Temporary Commercial use applied for:
