



**SCHEDULE "A"
SEACAN STORAGE CONTAINER
APPLICATION**

Applicant	Contact Name	Company Name (if applicable)		
	Mailing Address	Town	Province	Postal Code
	Phone	Cellular	Fax	email

Location	Civic Address of Subject Property		Current Zoning District:	
	Lot	Block	Registered Plan#	

Details	Size of storage container:
	Intended use/contents of the storage container:
	Expected length of time storage container is required:

The following information must be submitted with this application:

1. One copy of a detailed site plan (drawn to scale) shall be attached containing all of the following information:
 - a. Boundaries of the existing lot and adjacent properties including dimensions
 - b. The location of all existing and proposed seacan storage container(s) including their setbacks from the lot boundaries.
 - c. Location of existing and proposed access points to streets or lane.

I understand that all seacan storage containers will be assessed and subject to annual property taxes.

I hereby agree to comply with the conditions as outlined in the Seacan Storage Container Policy.

Date

Signature of Applicant