



Parking Space Closure Application

Name: _____

Address: _____

Phone#: _____

Email address: _____

Reason for parking space closure:

Commencement Date and conclusion date of parking space closure:

Site Plan:

Please provide details or a sketch of the parking spaces required to be closed:

The undersigned permit applicant shall indemnify and hold harmless the Town of Parry Sound and its agents for any and all injuries, damages, or losses arising from this temporary parking space closure or the proposed activity that has led to and contained in this permit application. The applicant shall be responsible for any damages to Town or adjacent property and agrees to pay all costs, expenses, and damages incurred during the activity contained in this permit application.

Applicant signature:

For office use only:

Comments

Public Works:

Signed: _____

By-law:

Signed: _____