



The Village of
**LIONS
BAY**

TEMPORARY USE PERMIT FOR SHORT TERM RENTAL APPLICATION

PO Box 141, 400 Centre Road, Lions Bay, BC, V0N 2E0

P: 604-921-9333

reception@lionsbay.ca

www.lionsbay.ca

TEMPORARY USE PERMIT FOR SHORT TERM RENTAL INFORMATION

Application Type

☐ New Temporary Use Permit (TUP) – Short Term Rental

☐ Renewal

Application Date: _____ Application Fee Paid: \$ _____

1. Property Information

Civic Address: _____

Legal Description: _____

Parcel Identifier (PID): _____

Zoning: _____

2. Registered Owner Information

Owner Name(s): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Agent Authorization Required: ☐ Yes ☐ No

3. Applicant Information (if different from Owner)

Applicant Name: _____

Company (if applicable): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

☐ Agent Authorization Form Attached



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4. Parking

A minimum of **two (2) off-street parking spaces** must be provided.

Number of off-street parking spaces available: _____

5. Applicant Declaration

I certify that the information provided in this application and any attached documentation is true and complete.

Applicant Name(s): _____

Signature: _____ Signature: _____

Date: _____

6. Reconsideration by Council

A decision of the Chief Administrative Officer to approve or refuse a Temporary Use Permit may be reconsidered by Council if the Owner submits a written request within **30 days** of receiving the decision in writing, in accordance with **Council Procedures Bylaw No. 476, 2015, as amended**.

7. Freedom of Information and Protection of Privacy Act (FOIPPA)

Personal information collected on this form is collected for the purpose of processing this application under the authority of the *Local Government Act* and Village bylaws. Questions about the collection or use of this information may be directed to the Village of Lions Bay.



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For Office Use Only

Permit #: _____

Application Received Date: _____

Application Fee Paid: _____ ☐ Cheque ☐ Debit ☐ ePay

Neighbour Notification Sent: _____

Comment Period End Date: _____

CAO Decision:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Refused

Decision Date: _____

Security Deposit Received (if applicable):

- ☐ Yes
- ☐ No

Staff Name: _____

Notes / Conditions: