

DISTRICT OF MISSION



ENGINEERING AND PUBLIC WORKS DEPARTMENT

APPLICATION FOR SOIL REMOVAL PERMIT

Address of the Lands: _____

Legal Description: _____

Applicant's Name: _____

Mailing Address: _____

Contact # : _____
(home) (work) (fax)

Owners Name: _____

Mailing Address: _____

Contact # : _____
(home) (work) (fax)

Designated Representative: _____

Mailing Address: _____

Contact # : _____
(home) (work) (fax)

The soil is being removed for the purpose of _____.

The area from which the soil is to be removed is _____ hectares.

The estimated amount of soil to be removed is _____ cubic metres in the period ending _____.

The property is presently zoned _____

Upon approval of this application I/we hereby guarantee to fulfil the following conditions prior to the issuance of a permit:

- a) supply letter of credit in the amount of \$_____.
- b) submit the Soil Removal fee on a monthly basis.

NOTE: All parties signing page 2 must initial here. Applicant's Initials _____ Owners' Initials _____

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Filed herewith are the drawings, data and specifications as prepared, numbered and entitled:

I assure that the above is complete and accurate to the best of my knowledge:

Applicant's Signature

Date

I/We, the Owner(s) of the Lands identified above, do hereby authorize the Applicant to apply for and obtain a Soil Removal Permit for the Lands and accept that, in addition to the Permit Holder, the Owner(s) is liable for any breaches of the bylaw or permit committed by the Permit Holder. **(All Owners must sign this form.)**

Owners' Signatures

Date