

APPLICATION FOR APPROVAL

OFFICE USE ONLY		Application #
Date Rec'd (yyyy/mm/dd)	Ext. Ref. #	NSE File #
Total Fees Due	Fees Paid	Paid in Full Yes <input type="checkbox"/> No <input type="checkbox"/>
Receipt #	Water Auth. # (Div. 1 only)	

The non-refundable application fee is for processing the application. Receipt of the fee will not imply an approval or guarantee an approval will be given

Nova Scotia Environment will only collect, use, and disclose personal information in keeping with the privacy provisions of the Nova Scotia Freedom of Information & Protection of Privacy Act (FOIPOP).

PLEASE PRINT OR TYPE. Complete Sections 1, 2, 3, 4 and 7 for ALL Applications. Complete areas of Sections 5 and 6 that are applicable to the specific activities of this application only.

Type of Application:			
New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>	Transfer <input type="checkbox"/>
If applicable, provide the previous Approval # _____			

SECTION 1 - OWNER

If there is more than one owner, please indicate who will be the primary applicant for this project and attach a complete list of owners.

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 - Owner? Yes No If yes, please skip to Section 3.

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Copy this page and attach if room provided is insufficient.

Property Identification numbers (PID) are available at Service Nova Scotia and Municipal Relations.

1:50,000 Topo Maps (identifying Easting and Northing) are available at Nova Scotia Environment.

Site #	Treatment Area (hectares)
Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

Site Contact

First Name	Middle Initial	Family Name
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Site #	Treatment Area (hectares)
Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

Site Contact

First Name	Middle Initial	Family Name
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Site #	Treatment Area (hectares)
Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

Site Contact

First Name	Middle Initial	Family Name
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Site #	Treatment Area (hectares)
Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

Site Contact

First Name	Middle Initial	Family Name
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SECTION 4 - ACTIVITY

Proposed Activity - Please check (✓) all that apply.			
<u>Activity</u>	<u>Complete Sections</u>	<u>Activity</u>	<u>Complete Sections</u>
Application of Pesticide:			
Aircraft	<input type="checkbox"/> 4, 5, 6A, 6B, 7	Soil sterilization	<input type="checkbox"/> 4, 5, 6A, 6B, 7
Forested Land	<input type="checkbox"/> 4, 5, 6A, 6B, 6C, 7	Surface Watercourse	<input type="checkbox"/> 4, 5, 6A, 6B, 7
Road/Street/Highway	<input type="checkbox"/> 4, 5, 6A, 6B, 7	Utility Corridor	<input type="checkbox"/> 4, 5, 6A, 6B, 7
Pesticide Storage Facility	<input type="checkbox"/> 4, 6A, 6D, 7		
Will this Activity employ a new technology? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, please specify.			
Proposed Project Dates, if applicable (yyyy/mm/dd)			
Start Construction Date	Start Operations	End/Closure Date	

SECTION 5 - ACTIVITY DETAILS

Complete Section 5 to the best of your knowledge. Please provide measurements in the metric units indicated.

Complete only for Application of Pesticide			
Total area to receive treatment (hectares)		Pesticide Application rate (litres/hectare)	
Application Method	Aerial <input type="checkbox"/>	Ground <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, please specify.			

If the activity involves more than one Pesticide Product or Business/Applicator, please attach a complete list.

Pesticide Product Brand Name	Pesticide Product PCP #
Identify surfactant or other additives	Purpose
Business /Applicator's Name	Certificate #

SECTION 6 - SUPPORTING DOCUMENTATION TO ATTACH

All supporting documentation is to be submitted in accordance with the "Approvals Procedures Regulations." If applicable, the following documents must be submitted with this Application. However, additional information may be requested.

- Notes**
- A legend must be supplied for all mapping describing symbols used, scale and north orientation.
 - **Please provide four (4) copies of all documentation.**

6A - Attach for All Applications	
	Identify areas where private / domestic water supplies are in close proximity to the treatment site.

6B - Attach only for Application of Pesticide	
	A detailed description of proposed methods for storing/handling pesticides in transport, storing/handling pesticides at the work site, and disposing of empty pesticide containers
	Copy of a 1:10,000, 1:50,000 topographical map or a copy of a 1:250,000 map book page or other map indicating the treatment area may be acceptable to the Administrator

6C - Attach only for Forested Land

Management plan map outlining the treatment area (use of a highlighter will not suffice, area must be sufficiently darkened to be photocopied). Watercourses on or near forestry treatment areas and dwellings, business, schools, agricultural fields, parks, wells and other domestic water supplies, etc., near the treatment site must be indicated on the management plan map or listed on a separate attachment.

6D - Attach only for Pesticide Storage Facility

Copy of plans for the new or expanded pesticide storage facility including a location map.

If information submitted is incomplete, or if supporting documentation is of poor quality (plans, maps, etc.), the application may be delayed, returned or rejected.

SECTION 7 - DECLARATION

Correspondence is to be returned to: Owner OR Application Contact

Owner's Signature _____ Date (yyyy/mm/dd) _____

Name (Please print or type) _____

OWNER'S AUTHORIZATION (If Correspondence Is to Be Returned to Application Contact)

If you are acting on behalf of the owner, you must:

1. Have the **Owner** sign above **or**
Attach a letter of authorization from the **Owner** identified on Page 1, Section 1, of this application.
2. Identify yourself as the **Application Contact** on Page 1, Section 2, of this application.
3. Sign the declaration below.

I certify that I am acting with the owner's full consent.

Signature _____ Date (yyyy/mm/dd) _____

Name (Please print or type) _____