



APPLICATION FOR APPROVAL

OFFICE USE ONLY	
Date Received: (yyyy/mm/dd)	Application #

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. NOTE: ALL APPLICABLE APPLICATION FEES MUST BE SUBMITTED WITH APPLICATION for applicable fees go to: (<https://novascotia.ca/just/regulations/regs/envfees.htm>)

Type of Application:

New Application
 Renewal
 Amendment
 Transfer

If applicable, provide the previous Approval # _____

SECTION 1 – APPLICANT

If there is more than one applicant, the first applicant listed will be considered the primary applicant for this project. Please attach a complete list of applicants with the information below.

Company/Organization/Municipality

Business Number (BN) if applicable

First Name

Middle Initial

Last Name

Primary Phone Number

Ext.

Secondary Phone Number

Ext.

Fax

E-mail

Civic/Street Address

Mailing Address (if different than Civic)

Community

County

Province

Postal Code

Country

NOTE: Following application decision, all correspondence will go to the applicant

Preferred Method of Contact?

Email

Paper

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 – Applicant? Yes No If yes, please skip to Section 3.
If there is more than one contact, please attach a complete list of contacts with the information below.

Company/Organization/Municipality

Business Number (BN) if applicable

First Name

Middle Initial

Last Name

Primary Phone Number

Ext.

Secondary Phone Number

Ext.

Fax

E-mail

Civic/Street Address

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SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property Identification numbers (PID) are available at the Nova Scotia Land Registry.
 1:50,000 Topo Maps (identifying Easting and Northing) are available at Nova Scotia Environment offices.

If more than one Site, Copy this section and attach for each Site:

Site Name (Reference Number)

Treatment Area (ha)

Property Owner First Name

Property Owner Last Name

Property Owner (Organization)

For Each Property associated with this site, please fill out the information below. If the activity/facility covers more than one property, copy and attach the additional information.

Civic/Street Address

Lot Number

Community

County

Property Identification # (PID)

Topographical Map Number

Coordinates:

Easting

Northing

Zone

If there are multiple point locations associated with this activity, provide the Easting and Northing Information for each.

SECTION 4 – ACTIVITY

Proposed Activity - Please check (✓) all that apply.

Activity

Complete Sections

Application of Pesticide:

- Aircraft 5, 6
- Forested Land 5, 6
- Road/Street/Highway 5, 6
- Pesticide Storage Facility 5, 6

Activity

Complete Sections

- Soil sterilization 5, 6
- Surface Watercourse 5, 6
- Utility Corridor 5, 6

Is this a Pilot Activity? Yes No

Variance Requested? Yes* No

*If yes, please fill out a request for variance form

SECTION 5 - ACTIVITY DETAILS

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

Start Date of Construction (yyyy/mm/dd) _____ Proposed End Date of Activities _____

Total Treatment Area (hectares) _____

Applicator's Name: _____ Certificate No. _____

Applicator's Business Name _____ Business Certificate No. _____

Purpose of Treatment Program _____

Is this a Forestry Area? Yes No

Application Rate (l/ha) _____

Method of Application: Aerial Ground Other

If Other, please specify _____

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

Product Brand Name	Product PCP #
Product Brand Name	Product PCP #
Product Brand Name	Product PCP #

SECTION 6 - SUPPORTING DOCUMENTATION

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.

Note: A legend must be supplied for all mapping describing symbols used, scale and north orientation.

Description	Submitted	Waiver requested	Reason for Waiver
6 – Attach for All Activities			
Proof of Ownership/Agreement/Legal Right to conduct Activity	<input type="radio"/>	<input type="radio"/>	_____
Site Plan or Survey	<input type="radio"/>	<input type="radio"/>	_____
Detailed Description of Activity	<input type="radio"/>	<input type="radio"/>	_____
Details of Site Suitability and Sensitivity	<input type="radio"/>	<input type="radio"/>	_____
Substance Descriptions and Controls	<input type="radio"/>	<input type="radio"/>	_____
Explanation of Substances Released	<input type="radio"/>	<input type="radio"/>	_____
Description of Adverse Effect	<input type="radio"/>	<input type="radio"/>	_____
Contingency Plan	<input type="radio"/>	<input type="radio"/>	_____
Public Consultation Description	<input type="radio"/>	<input type="radio"/>	_____

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

Information in this application package which the applicant considers to be confidential business information should be clearly identified.

Are you making this request? Yes No

If yes, please indicate which information in the Supporting Documentation is considered confidential.

- I acknowledge it is an offense under Section 158 of the *Environment Act* to provide false or misleading information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the *Environment Act* and Regulations.

Please select the option that applies to your situation

- I own the site
- I have a lease or other written agreement or option with the landowner or occupier that enables me to carry out the activity on the site
- I have the legal right or ability to carry out the activity without the consent of the landowner or occupier

Applicant's Signature: _____ Date: (yyyy/mm/dd) _____

Name (Please print or type): _____

OR

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

Signature: _____ Date: (yyyy/mm/dd) _____

Name (Please print or type): _____