

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

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.

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

SECTION 4 - ACTIVITY

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

Activity	Complete Sections	Activity	Complete Sections
Bridge <input type="checkbox"/>	4, 6A, 7	Other Alteration <input type="checkbox"/>	4, 5D, 6A, 7
Causeway <input type="checkbox"/>	4, 6A, 7	Pipeline <input type="checkbox"/>	4, 6A, 7
Culvert <input type="checkbox"/>	4, 5A, 6A, 7	Pond <input type="checkbox"/>	4, 6A, 7
Dam <input type="checkbox"/>	4, 6A, 7	Removal of Material <input type="checkbox"/>	4, 6A, 7
Dredging <input type="checkbox"/>	4, 6A, 7	Storage of Water <input type="checkbox"/>	4, 5B, 6A, 7
Erosion Protection <input type="checkbox"/>	4, 6A, 7	Watercourse Diversion <input type="checkbox"/>	4, 6A, 7
Fishing Equipment <input type="checkbox"/>	4, 6A, 7	Water Withdrawal/Diversion <input type="checkbox"/>	4, 5C, 6A, 6B, 7
Ford <input type="checkbox"/>	4, 6A, 7	Wetland <input type="checkbox"/>	4, 6A, 7
Instream Structure <input type="checkbox"/>	4, 6A, 7	Wharf <input type="checkbox"/>	4, 6A, 7

Will this Activity employ a new technology? Yes No

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.

5A - Complete only for Culvert

An Application for Approval is required if installed Oct. 1 - May 31. Notification only is required **BEFORE** an installation takes place between June 1 - Sept. 30 if the culvert measures 1.8 m (1800 mm) or 6 feet or less in diameter and is less than 18 metres (60 feet) in length. All installations must proceed in accordance with relevant Watercourse Alteration Specifications. **Structure sizing is the responsibility of the applicant.**

Diameter (mm) _____ Length (metres) _____ Date of Installation (yyyy/mm/dd) _____

Culvert Application **OR** Culvert Notification

5B - Complete only for Storage of Water

Total Volume (metres³) _____

5C - Complete only for Water Withdrawal/Diversion

Withdrawal Rate (litres/day) _____ Well Log # (6) _____

Usage	Agriculture <input type="checkbox"/>	Industry <input type="checkbox"/>	Aquaculture <input type="checkbox"/>
	Municipal <input type="checkbox"/>	Fire Prevention <input type="checkbox"/>	Other <input type="checkbox"/>

If other, please specify.

5D - Complete only for <i>Other Alteration</i>
Please describe the proposed activity in detail.

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.

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

6A - Attach for ALL Applications	
	Specific details of proposed structures (bridge span/height, dam dimensions, storage volume, etc.) and/or proposed activities and measures to protect the watercourse. <i>Structure sizing is the responsibility of the applicant.</i>
	Sketch of proposed work and watercourse location
	Plans, Drawings and Specifications

6B - Attach only for <i>Water Withdrawal/Diversion</i>	
	Well Log and Pump Test Information and Qualified Person's Assessment Report.

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	<input type="checkbox"/>	OR	Application Contact	<input type="checkbox"/>
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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:	
<ol style="list-style-type: none"> 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) _____	