

7855 Sideroad 30
 Alliston ON L9R 1V1

Phone: (705) 434-5055
 Fax: (705) 434-5051

APPLICATION FOR SITE ALTERATION & FILL PERMIT

(Please complete all applicable sections. An incomplete application will not be processed)

Part A: Owner Information	
Property Owner(s):	
Mailing Address:	City:
Province:	Postal Code:
Telephone Number:	Email:

Part B: Authorized Agent	
Name:	
Mailing Address:	City:
Province:	Postal Code:
Telephone Number:	Email:

Part C: Property Location	
Municipal Address:	
Legal Description:	
Roll Number:	Lot Size:

Part D: Proposed Activities	
Type of Permit: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer	
Site Alteration & Fill: Yes / No	
Site Alteration Only: Yes / No	
Fill Only: Yes / No	
Storage of Fill Materials: Yes / No	
Replacement of Soil For Agricultural Purposes: Yes / No	
Size of Site:	m ³ or ha
Start Date:	End Date:
Estimated Amount of Fill:	m ³
Please provide a brief description of proposed works:	

7855 Sideroad 30
Alliston ON L9R 1V1

Phone: (705) 434-5055
Fax: (705) 434-5051

Part G: Qualified Person Information	
Name:	
Mailing Address:	City:
Province:	Postal Code
Telephone Number:	Email:
Company:	
Qualification Details:	

Part H: Supporting Documents	
Please submit 3 hard copies of each the following documents (if required)	
<ul style="list-style-type: none"> <input type="checkbox"/> Legal and topographic surveys <input type="checkbox"/> Engineering drawings <input type="checkbox"/> Fill source assessment <input type="checkbox"/> Fill movement and handling <input type="checkbox"/> Site access and security control <input type="checkbox"/> Operation details and hours <input type="checkbox"/> Tree inventory and preservation assessment <input type="checkbox"/> Traffic control, haul route and mud tracking <input type="checkbox"/> Erosion, sediment and stormwater control <input type="checkbox"/> Dust, noise and vibration control <input type="checkbox"/> Environmental impact mitigation <input type="checkbox"/> Closure and restoration <input type="checkbox"/> Post closure care and monitoring <input type="checkbox"/> Wells and groundwater monitoring 	<p>Provide background studies and reports (as required):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Archeological investigations and assessment <input type="checkbox"/> Geotechnical investigations and assessment <input type="checkbox"/> Environmental impact assessment <input type="checkbox"/> Hydrogeological assessment <input type="checkbox"/> Stormwater management assessment <input type="checkbox"/> Noise and air quality assessment <input type="checkbox"/> Agricultural justification or agrologist report

7855 Sideroad 30
 Alliston ON L9R 1V1

Phone: (705) 434-5055
 Fax: (705) 434-5051

Part I: Authorization/Signatures	
Owner(s)	
The undersigned being the registered owner(s) of the subject property hereby submit this application for a Site Alteration and Fill Permit pursuant to By-Law 20-47, or authorize the below named Applicant to make a Site Alteration and Fill Permit Application for the subject property with my full knowledge and agreement.	
Printed Name(s):	
Signature:	Signature:
Date:	Date:
I/We, the undersigned, being the registered property owner of the above noted property hereby agree and acknowledge that the information contained in the application and any documentation, including reports, studies and drawings, provided in support of the request, by myself, my agents, consultants and solicitors, constitute public information and will become part of the public record. As such, and in accordance with the provisions of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , R.S.O. 1990, c. M.56, as amended, I/We hereby consent to the Township of Adjala-Tosorontio making this request and its supporting documentation available to the general public, including copying, posting on the Township's website and/or releasing a copy of the request and any of its supporting documentation to any third party upon their request or otherwise, and as part of a standard distribution of copies of such documentation. I consent to the Township releasing copies of any of the documentation to additional persons, including but not limited to Members of Council.	
Printed Name(s):	
Signature:	Signature:
Date:	Date:
Authorized Agent	
The undersigned, with the permission of the owner(s) of the subject property, hereby submit this application for a Site Alteration and Fill Permit pursuant to By-Law 20-47.	
Printed Name:	
Signature:	Title:
	Date:

7855 Sideroad 30
Alliston ON L9R 1V1

Phone: (705) 434-5055
Fax: (705) 434-5051

Part I: Authorization/Signatures	
Qualified Person	
The undersigned has reviewed the requirements of Township By-Law 20-47 and has reviewed the details of this Site Alteration and Fill Permit Application and the supporting technical documentation. In my professional opinion, the application and documentation fulfill the requirements of the Site Alteration and Fill By-Law 20-47.	
Printed Name:	
Signature:	Title:
	Date:

Part E: Insurance	
Please attached hard copies and/or digital copies of Insurance Certificates. The Township shall be named as an additional party with a minimum of \$5,000,000.	
Certificate of General Liability (Commercial)	Certificate of Environmental Liability (Pollution)

Office Use Only	
Application Received By:	
Date:	Title:
Application File Number:	
Application:	Complete Incomplete
Comments:	
Part F: Applicable Fees	
Application Fee:	
Review Fee:	
Review Deposit:	Road Security:
Municipal Fee:	Additional:
Circulated To:	
Comments:	