Delta Soil Deposit and Removal Bylaw No. 7221, 2014

APPLICANT



Our File No	_
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APPLICATION FOR SOIL DEPOSIT OR REMOVAL

Soil means the entire mantle of natural material above bedrock, including, but not limited to, sand, gravel, rock, silt, sediment, clay, peat, and topsoil.

Name:				
Address:				
Contact Numbers: (Cell) (Email)	(Home	2)	(Office)	
Registered Property Owner(s) and Co	ontact Number (if diffe	erent):		
SOIL DEPOSIT OR REMOVAL SITE Note: If you plan to deposit AND remov	ve material from this sit	e, a separate application is	required for both a	activities.
Site Address:				
Legal Description:				
Consent from property owner:	(Attach written cons	ent from land owner if a	oplicable. Print na	ame.)
Agricultural Land Reserve:	No Ye	s (If yes, ALC Comment	s required)	
Current Land Use:				
Proposed Land Use (provide detailed description of use of soil/fill):				
Nearest Watercourse:				
Nearest utilities that may be impacted:				
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TYPE AND QUANTITY OF FILL Soil Quantity For Deposit / Removal				
Son Quantity For Deposit / Removar	Deposit	Removal	Cubic me	tres
Number of Truckloads:				
Soil Type:	Topsoil Ditch-Clearings	Excavation Soil Other	Sand	Gravel
	Specify:			



Soil Use (Purpose):	(Provide details)
Area of Fill (attach map or plan):	(Plan to include site drainage measures to avoid impacts on surrounding properties)
	Include all pertinent features of the parcel, including buildings, roadways, utilities, waterbodies or significant trees and showing the area of soil deposit or removal.
Depth of Fill:	
Drainage Impacts:	(Describe any changes to drainage on your property or surrounding property following soil deposit or removal and how these will be mitigated. An Engineer's report may be required)
Sediment Control:	(Describe any sediment that may escape into drainage ditches & a plan to control sediment if required)
Duration of Fill Operation:	(Proposed start and completion date. Indicate days & hours of operation)
Source of Fill:	(Provide addresses of source sites or where it is going to)
Environmental Impact:	(Provide copies of Provincial & Federal approvals if applicable)
Steep Slope Area:	(Provide Geotechnical Report if applicable)
	Yes No

PERMIT FEES:					
APPLICATION FEE Non-refundable Application fee of \$500 for non-agricultural land					
APPLICATION FEE	non-refundable Application fee of \$10	00 for agricultural land.			
MATERIALS FEE	Fee is calculated at \$0.50 per cubic metre of soil proposed to be deposited or				
WATERIALS FEE	removed, based on the quantity specified in the permit.				
	A cash deposit, certified cheque or bank draft, or irrevocable letter of credit				
SECURITY DEPOSIT	in a form acceptable to the Manager. The amount of security is based on				
	\$0.50 per cubic metre, based on the quantity of material specified in the permit up to a maximum of \$100,000.				
DECLARATION:					
I hereby declare the following:					
 That the above information is 	correct.				
That I am aware that a Permit	is required from The City of Delta prior to	any soil being deposited or removed.			
■ That I am aware of and will at	oide by all applicable provisions of the "Del	ta Soil Deposit and Removal Bylaw No.			
7221, 2014", and will obtain a	Highways Use Permit prior to this Permit I	peing issued.			
 I will maintain a Daily Log of s 	oil deposit and removal activity and provid	e the reports to the Property Use &			
Compliance Division.					
•	and Bylaw Inspectors are authorized at all	reasonable times to enter upon and			
<u>-</u>	whether the provisions of this Bylaw are b	·			
	rsuant to this bylaw does not imply any appr				
·	, , , , , ,	·			
, , , ,	oliance to all other bylaws of The City of Delta				
		50, 2002", "Development Application Procedures Bylaw No. 4918, 1992" and the			
"Delta Zoning Bylaw No. 7600,					
 I am aware the soil deposit or r 	emoval operation shall proceed in compliand	e with any terms and conditions			
specified in the Permit and in a	ccordance with the performance standards a	and requirements prescribed in Schedule			
"A" to this Bylaw.					
Signature:		Date of Signature:			
Drivet Name of					
Print Name:					
Data of Application.					
Date of Application:					
LIST OF SUBMITTED ATTACHMEN	ITS:				
LIST OF SOCIAL TED AT FACILITIES					
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