



**APPLICATION FOR SOIL REMOVAL/DEPOSIT PERMIT  
PORT ALBERNI BYLAW NO. 3947 1990**

*This collection of personal information is authorized in accordance with Section 26(c) of the Freedom of Information and Protection of Privacy Act. The City collects your information for the purposes of administering City programs and services, including permits and licensing services. Questions can be directed to City of Port Alberni Corporate Services Department at [corporateservices@portalberni.ca](mailto:corporateservices@portalberni.ca) for more information.*

1. I \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Full Name) (Address) (Phone No.)

hereby apply for a permit to:

- remove \_\_\_\_\_ cubic metres
- deposit \_\_\_\_\_ cubic metres
- remove then replace \_\_\_\_\_ cubic metres

Of soil or other fill material, at (address or legal description):

\_\_\_\_\_ (the work site).

Destination of soil or other fill to be removed, if applicable (address or legal description):

\_\_\_\_\_

Source of soil or other fill to be deposited, if applicable (address or legal description):

\_\_\_\_\_

2. The registered owner of the work site (if not the applicant)

is: \_\_\_\_\_

of: \_\_\_\_\_  
(Address) (Phone No.)

And the consent of the owner authorizing this application is hereby given:

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

3. The soil is being removed / deposited for the following purposes:

\_\_\_\_\_

4. The ground area from / upon which the soil is to be removed / deposited is:

\_\_\_\_\_

5. The proposed date of commencement is: \_\_\_\_\_

Estimated date of completion is: \_\_\_\_\_



— CITY OF —  
PORT ALBERNI

I hereby declare that the above information is correct, that it is my intention to remove/deposit soil from/upon the said lands in accordance with the attached plans and specifications, that I am aware of the provisions of the "Soil Removal and Deposit Regulation Bylaw", that I am aware a permit fee and security deposit shall be required of me, and that I will abide by all applicable provisions of said Bylaw and such other terms and conditions as may be imposed under the said bylaw in respect to this, my application for a Soil Removal/Deposit Permit.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



*This page to be completed by City of Port Alberni*

**PERMIT TO REMOVE / DEPOSIT SOIL**

This permit authorizes:

NAME	ADDRESS	PHONE NO.
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To remove and/or deposit soil from / upon the property known as:

ADDRESS OR LEGAL DESCRIPTION

**In accordance with the plans, specifications and supporting data filed by the applicant for this Permit, upon condition that the Permittee comply fully with the provisions of the Schedule A of the City of Port Alberni Soil Removal and Deposit Regulation Bylaw No.3947, 1990 and the following supplemental terms and conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Security Deposit Amount Required \$ \_\_\_\_\_

Permit Issued the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Permit Expires the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Name (City Engineer or designate)

\_\_\_\_\_  
Signature

**THIS PERMIT IS NOT TRANSFERABLE**