



PERMIT TO REMOVE / DEPOSIT SOIL

This permit authorizes:

NAME	ADDRESS	PHONE NO.
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To remove / deposit _____ cubic metres of soil from / upon the property known as:

ADDRESS	and	LEGAL DESCRIPTION
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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 City of Port Alberni Soil Removal and Deposit Regulation Bylaw No.3947, 1990 and the following terms and conditions:

Permit Fee: **\$50.00**

Permit Issued the _____ day of _____, 20____.

Permit Expires the _____ day of _____, 20____.

City Engineer

THIS PERMIT IS NOT TRANSFERABLE

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

1. I _____ of _____
(Full Name) (Address) (Phone No.)
hereby apply for a permit to remove/deposit soil from/upon the following lands:

Address: _____

Legal Description: _____

2. **The registered owner of the said lands (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 title or tenancy under which said lands is occupied by me (if not the owner) is:

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

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

6. The proposed date of commencement is: _____

Proposed date of completion is: _____

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 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:** _____