



# Application for Topsoil Removal, Fill Placement, Erosion and Sediment Control Permit

Application No.		Roll No.	
Date Received	Commencement Date	Expected Completion Date	
<b>A. Project Information</b> (to be completed by applicant)			
Building No., Street Name			
Municipality		Plan No./Other Description	
Construction Entrance From <input type="checkbox"/> Street Above <input type="checkbox"/> Other Street _____			
Description of Work			
Land Area Affected (Ha)			
<b>B. Applicant</b> <b>Applicant is:</b> <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of Owner			
Last Name		First Name	Corporation or Partnership
Street Address			Unit No.
Municipality	Postal Code	Province	Email
Telephone No.		Fax No.	Cellular No.
<b>C. Owner</b> (if different from applicant)			
Last Name		First Name	Corporation or Partnership
Street Address			Unit No.
Municipality	Postal Code	Province	Email



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Telephone No.	Fax No.	Cellular No.
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**D. Consulting Engineer & Contractor**

Engineer		Contractor	
Contact Name		Contact Name	
Telephone No.	Fax No.	Telephone No.	Fax No.
Cellular No.	Email	Cellular No.	Email

I hereby authorize officers of the City of Pickering, and/or any person in the company of the officers to enter the site for the purpose of inspection, both prior to any permit being issued, and afterwards, for the purpose of enforcing the By-law 6060/02 as amended, and for ensuring compliance with the control plan or performing any work necessary to bring the site into compliance.

Applicant's Name (please print)	Signature of Applicant
Date	

Personal information contained on this form is collected pursuant to *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of enforcing fill and topsoil disturbance requirements. Questions about this collection should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.