

DEPARTMENT USE ONLY	FEE PAID	APPL. / AUTH. NO.	DATE REC'D
DATE DUE	JURISDICTION OR MUNICIPALITY		

## GENERAL INFORMATION

APPLICANT NAME	BUSINESS PHONE / FAX	HOME PHONE	
APPLICANT ADDRESS	CITY/TOWN	TERR / PROV	POSTAL CODE
CONTRACTOR / SUPERVISOR NAME (IF SOMEONE OTHER THAN APPLICANT CONDUCTING WORK)			
BUSINESS PHONE / FAX	HOME PHONE		
CONTRACTOR'S ADDRESS	CITY/TOWN	TERR / PROV	POSTAL CODE
GENERAL LOCATION OF PROPOSED ACTIVITY			
IS APPLICATION AREA: <input type="checkbox"/> SURVEYED LAND OR <input type="checkbox"/> UNSURVEYED LAND			
DESCRIPTION OF LANDS INCLUDED IN THIS APPLICATION			
LOT NUMBER(S)	BLOCK/GROUP/QUAD	SUBDIVISION / AREA	CLSR PLAN # LTO PLAN #

## APPLICATION / PROJECT INFORMATION

**PROPOSED ACTIVITIES –**  ROAD OR TRAIL ACCESS  GEO-TECHNICAL  HYDROLOGICAL INVESTIGATION  AGGREGATE EXTRACTION  
OTHER:

<b>PROPOSED TIME-FRAME OF PROJECT –</b>	EXPECTED START DATE	EXPECTED COMPLETION DATE	EXPECTED PROJECT DURATION (DAYS)
---	---------------------	--------------------------	----------------------------------

**EXPECTED TIME(S) OF OPERATION**  
 HOURS  NORMAL WORKING HOURS (8AM TO 8PM)  24 HOURS PER DAY  OTHER:  
 DAYS  WEEKDAYS ONLY  WEEKENDS ONLY  7 DAYS A WEEK

EXPLAIN FULLY WHAT ACTIVITIES ARE PROPOSED, FOR WHAT PURPOSE THE LAND WILL BE USED, WHAT MEASURES WILL BE TAKEN TO REDUCE IMPACTS & ANY PLANS TO RESTORE/RECLAIM THE LANDS TO AN ACCEPTABLE CONDITION (attach separate sheet if necessary)

WHAT MACHINERY, HEAVY EQUIPMENT OR VEHICLES WILL BE USED? (list type, size, number, purpose etc.)

MAXIMUM NUMBER OF PERSONNEL EXPECTED TO BE WORKING ON SITE AT ANY GIVEN TIME:

WILL FUELS, EXPLOSIVES, COMBUSTIBLES OR ANY HAZARDOUS SUBSTANCES BE USED OR STORED ON SITE?  NO  YES  
 If YES, fully explain & provide confirmation that all necessary permits and authorizations are in place for the transport, storage and use of these materials:

WILL THE PROPOSED ACTIVITY POSE ANY UNDUE HEALTH OR SAFETY RISK? (such as blasting, tree-falling, trenches, traffic etc)  NO  YES  
 If YES, what provisions will be made?

WILL THE ACTIVITY GENERATE NOISE, DUST, ODOUR, SMOKE ETC., THAT MAY ADVERSELY AFFECT NEIGHBOURING PROPERTIES?  NO  YES  
 If YES, please explain fully: Describe what mitigation measures will be taken and advise if any potentially affected neighbours or users of the land have been contacted and made aware or your proposal.

HOW WILL BRUSH, BRANCHES, LIMBS, OVERBURDEN OR OTHER WASTES BE DEALT WITH OR DISPOSED OF?  
 Hauled to existing waste disposal site  Left lying flat on site  Buried on site  Burned on site (burning permit may be required)  Other:

HOW WILL ANY RESIDUAL USEABLE TREES OR TIMBER BE SALVAGED? (Any timber larger than 10 cm (4") in diameter must be used for some purpose and are not to be wasted.)

## SITE CHARACTERISTICS, SERVICES AND FEATURES

**SERVICES** – EXISTING / PROPOSED PROVISION FOR DRINKING WATER:

EXISTING / PROPOSED PROVISION FOR SEWAGE DISPOSAL & DISPOSAL OF GARBAGE?

ARE THERE ANY OVERHEAD, UNDERGROUND OR OTHER UTILITIES LOCATED ON OR NEAR THE SITE (or near access to site)?  NO  YES

If YES, please explain fully

**IMPORTANT:** Contact utility corporations or agencies directly, for safety information & precise locations respecting hydro, telephone, water, sewer, gas or other installations.

**ACCESS** – EXISTING / PROPOSED PROVISION FOR VEHICLE ACCESS TO SITE (Will a new access be required, connecting to an existing public road or highway?):

WILL ANY OF THE PROPOSED ACTIVITY TAKE PLACE ON, OR NEAR, A PUBLIC ROAD OR PUBLICLY MAINTAINED HIGHWAY?  NO  YES

If YES, please explain fully, including the name / kilometer of road affected. (Additional permit from Highways Maintenance may be required)

ARE THERE ANY EXISTING ROADS, DRIVEWAYS, TRAILS OR PATHWAYS LOCATED ON, OR NEAR, THE SITE?  NO  YES

If YES, fully explain the nature of the access: Will these accesses be used as part of the project? Will the overall quality of these accesses be diminished by the project?

**IMPROVEMENTS / STRUCTURES**

ARE THERE ANY EXISTING IMPROVEMENTS LOCATED ON THE APPLICATION AREA (buildings, fences, septic fields, wells, gardens etc)?  NO  YES

If YES, who owns these improvements?

**SITE CHARACTERISTICS** – SOILS (sand, gravel, clay, silt, peat etc):

VEGETATION (spruce, pine, poplar, willow, clear etc):

TOPOGRAPHY (flat, steep, rolling, etc):

PROXIMITY TO WATER COURSES (rivers, streams, lakes, ponds within or near the application area)

ANY KNOWN HISTORICAL OR HERITAGE FACTORS RELATED TO THIS SITE:

ANY KNOWN FISH OR SIGNIFICANT WILDLIFE FEATURES:

**LAND USE PLANNING & ZONING (Community Services Branch may provide assistance if current zoning information is not known)(call 667-5306)**

CURRENT ZONING OF APPLICATION LANDS  NO ZONING  URBAN RESIDENTIAL  COUNTRY / RURAL RESIDENTIAL  COTTAGE  COMMERCIAL

INDUSTRIAL  OTHER: \_\_\_\_\_

NAME OF APPLICABLE ZONING BYLAW OR REGULATION: \_\_\_\_\_

CURRENT PLANNING DESIGNATION OF APPLICATION LANDS  NONE  URBAN RESIDENTIAL  COUNTRY / RURAL RESIDENTIAL  COTTAGE

COMMERCIAL  INDUSTRIAL  OTHER: \_\_\_\_\_

NAME OF APPLICABLE COMMUNITY OR LOCAL AREA PLAN: \_\_\_\_\_

### Access to Information & Protection of Privacy Act

This information is being collected under the authority of the *Lands Act* to be used for the purpose of reviewing the request for land. This information is about the conduct of public business and it cannot and will not be kept confidential. Except as noted below, it will be shared with other government departments and will be treated as information that third parties have the right to under the Access to Information and Protection of Privacy Act. Your phone number and address and business plan information will be treated as confidential, but might still be disclosed as permitted or required by the Access to Information and Protection of Privacy Act. (There are cases where even confidential information can be disclosed).

Energy, Mines and Resources  
Box 2703, Whitehorse, Yukon Y1A 2C6  
Lands Branch, (K-16)  
Phone 667-5215 Fax 393-6340

### SIGNATURE

#### APPLICANT / OWNER CONSENT

I / we certify that all of the submitted information is true and correct to the best of my knowledge and belief.

I / we understand that any misrepresentation of submitted data may invalidate any approval of this application.

I / we confirm that, if authorization is granted, all work or activities will be undertaken consistently as outlined in this application and in compliance with any terms or conditions as may be specified or contained in said authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Department Use Only - RECEIPT OF COMPLETED APPLICATION FORM

APPLICATION INFORMATION COMPLETE  YES Receipt # \_\_\_\_\_

SKETCH / MAP COMPLETE  YES COMPLETED APPLICATION ACCEPTED  YES

ALL OTHER REQUIRED  YES Received By: \_\_\_\_\_

INFORMATION PROVIDED  YES Date Rec'd: \_\_\_\_\_

APPLICATION FEE PAID  YES Comments: \_\_\_\_\_