



QUARRYING PERMIT APPLICATION

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The information you provide in this document is collected under the authority of the *Territorial Quarrying Regulations* for the purpose of applying for a quarrying permit. Information on individuals is used by the *Mineral and Petroleum Resources Branch* employees who need to know the information in order to respond to the program requirements. We do not share the personal information with other government departments. The personal information will be retained for 5 years after the last administrative use and then transferred to Library and Archives Canada. Individuals have the right to the protection of and access to their personal information under the *Privacy Act* <http://lois.justice.gc.ca/en/P-21/index.html>.

Applicant Name	Company Name
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Address

Telephone Number	Facsimile Number	Cellular Number
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Sub-Contractor or Pit Operator <input type="checkbox"/> Same as above	Name/Company
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Address

Telephone Number	Facsimile Number	Cellular Number
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I hereby apply for a Quarrying Permit for the purpose of taking:

Amount of Cubic Metres	Sand	Gravel	Stone	Loam	Other (please specify)
▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

Location of Pit	NTS Map Sheet No.	Co-Ordinates
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<input type="radio"/> Existing	Land Use Permit No.	Expiry Date (YYYYMMDD)	<input type="radio"/> New Application	Application Date (YYYYMMDD)
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Quarry Site						
<input type="radio"/> Existing	<input type="radio"/> New	Application made to:	<input type="radio"/> MVLWB	<input type="radio"/> WLWB	<input type="radio"/> SLWB	<input type="radio"/> GLWB

1. A Quarry Operations Plan is required with this application and must be approved by a Land Use Inspector prior to approval and issuance of the quarry permit if:

- (A) The volume being applied for is greater than 1,000 m3 and/or**
- (B) The quarry site is being operated by multiple users**

The Quarry Operations Plan includes the following mandatory information:

- North Arrow
- Map Scale at 1:5000
- NTS Map Sheet or acceptable alternate at 1:50,000
- Coordinates of quarry site - 4 corners (NE, NW, SE, SW)
- Total area of the identified quarry resource
- Area of existing clearing
- Area of proposed quarrying
- Topsoil/overburden storage area
- Access roads/trails
- Camp locations identifying all infrastructure to be established on the site
- When applicable, blast pattern details must be indicated
- Closure and Reclamation Plan including:
 - Camp reclamation, if applicable
 - Abandonment of active quarry face
 - Waste disposal
 - Stockpile removal
 - Road closure
 - Soil remediation for contaminated soils

Failure to submit an acceptable Quarry Operations plan (when required) will result in rejection of the Quarry Permit Application.

Complete 2 - 7 below only if a Quarry Operations Plan is not required.

2. Is any part of the land occupied? And if so, by whom and for what purpose?

3. The only buildings or other improvements on the said lands are as follows:

Nature of Improvements

Value of Improvements

Owner of Improvements

4. The land is/is not wooded. If yes, describe species of trees and approximate size:

No Yes ►

5. Please describe the proposed methods of brush and or timber disposal to be used on the site (if required).

6. If a camp is to be utilized please describe the proposed methods for:

7. Please describe the proposed reclamation techniques that will be applied to the quarry site upon or prior to termination of the Quarry Permit:

1. The attached plan is a sketch plan of the land as required by the Territorial Quarrying Regulations (Sketch should include an indication of the area to be worked).

See Quarry Management Plan

2. Sketch Plan:

Use Additional sheets if required.

3. Co-ordinates of Site (Latitude and Longitude):

NW Point	NE Point	SW Point	SE Point
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Signature of Applicant	Date (YYYYMMDD)
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Note to Client: Alteration to base form will not be accepted.

For Internal Use Only

Reviewing Officer (Print Name)	Signature
Date Application Deemed Complete (YYYYMMDD)	Date Application Faxed (YYYYMMDD)
Sent to: <input type="radio"/> Yellowknife <input type="radio"/> Inuvik <input type="radio"/> Nunavut	