

PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

111 SANDIFORD DRIVE
STOUFFVILLE, ON, L4A 0Z8
TEL: 905-640-1900 OR 905-895-2423
FAX: 905-640-7957

APPLICATION FOR SITE ALTERATION AND FILL PERMIT
Pursuant to the Town of Whitchurch-Stouffville By-law No. 2019-068-RE

Please complete all applicable sections. An incomplete application will not be processed.

| PROPERTY INFORMATION | |
|---|-----------------------|
| Address (Street and Number): | |
| Lot and Concession No.: | Lot/Block No.: |
| Roll No: | 19TM No.: |
| OWNER'S INFORMATION AND AUTHORIZATION | |
| Name: | |
| Address: | |
| Tel: | Cell: |
| Fax: | E-mail: |
| <p>If there is more than one owner or if ownership is in the name of a corporation, the signatory must have the authority to sign on behalf of the other owners or bind the corporation.</p> <p>The undersigned being the registered owner (or authorized representative of the owner(s)) of the subject property hereby submit this application for a Site Alteration and Fill Permit pursuant to By-law 2019-068-RE, or authorize the below named Applicant to make a Site Alteration and All Permit Application for the subject property with my full knowledge and agreement.</p> | |
| Signature: | Date: |
| Printed Name: | Title: |
| APPLICANT (IF DIFFERENT FROM OWNER) INFORMATION AND AUTHORIZATION | |
| Name: | |
| Address: | |
| Tel: | Cell: |
| Fax: | E-mail: |
| <p>The undersigned, with the permission of the owner(s) of the subject property, hereby submit this application for a Site Alteration and Fill Permit pursuant to By-law 2019-068-RE.</p> | |
| Signature: | Date: |
| Printed Name: | Title: |

| PROPOSED SITE ALTERATION AND FILL ACTIVITIES | | |
|---|---|---|
| Proposed start date: | | Proposed completion date: |
| Estimated cut in m³: | Estimated fill in m³: | Total Cut and fill in m³: |
| A total cut and fill volume of 4,000 m ³ or greater will require an Agreement approved by Council. | | |
| Briefly describe the reason for conducting the site alteration and fill activities. What is the end purpose? | | |
| FEES AND DEPOSITS AS PER USER FEE BY-LAW | | |
| Application Fee Amount: \$ | 11-20-220-8135 (ENGFI) | |
| Cash Account: \$ | 11-00-000-0525 | |
| Security Deposit: \$ <input type="checkbox"/> Cash <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Required Prior to Permit Issuance | 11-00-000-0525 | |
| Municipal Service Fee: \$ <input type="checkbox"/> Required Prior to Permit Issuance | 11-03-039-8136 | |
| INSURANCE | | |
| Certificate of Liability and Environmental Insurance (minimum \$5,000,000) or as specified by the Director – Attach copy | | |
| SUPPORTING DOCUMENTS AND INFORMATION | | |
| Attach hard copies and/or digital copies of all supporting documentation. Refer to the Site Alteration and Fill By-law for the information required to support a Permit Application. | | |
| Provide a Site Alteration and Fill Plan (including, as required): | | |
| <ul style="list-style-type: none"> – Topographic surveys; – Engineering drawings; – Fill source assessment; – Material movement and handling; – Surface water control; – Environmental impact mitigation; | <ul style="list-style-type: none"> – Traffic control and mud tracking on roads; – Operating hours; – Dust and noise control; – Closure and restoration; – Post closure care and monitoring; and – Groundwater monitoring. | |
| Provide Background studies and reports (as required): | | |
| <ul style="list-style-type: none"> – Archeological; – Geotechnical; – Environmental impact assessment; – Surface water assessment; – Hydrogeological assessment; | <ul style="list-style-type: none"> – Noise and air quality assessment; – Trees and vegetation assessment; and – Assessment of the need for a Record of Site Condition due to a land use change as per O.Reg. 153/04, as amended. | |
| Provide responses from all other regulatory agencies with jurisdiction and copies of any permits, approvals or conditions imposed by those agencies directly related to the proposed site alteration. | | |
| Provide other relevant information as required. | | |

| PRE-SCREENING QUESTIONNAIRE | |
|---|--------|
| This questionnaire must be completed and signed by an appropriately qualified person licensed to practice in the Province of Ontario such as a Professional Engineer or Professional Geoscientist, etc. | |
| The undersigned has reviewed the requirements of Town By-law 2019-068-RE and has reviewed the details of this Site Alteration and Fill Permit Application and the supporting technical documentation. In my professional opinion, the application and documentation fulfills the requirements of the Site Alteration and Fill By-Law 2019-068-RE. | |
| Name: | |
| Signature: | |
| Qualifications: | |
| Company Name: | |
| Address: | |
| Phone: | Cell: |
| Fax: | Email: |

| FOR OFFICE USE ONLY | |
|---|--------------|
| Completed Application Received by: | Date: |
| Property Management System Entry by: | Date: |
| File/Tracking Number: | |
| Comments: | |