

SOIL EXCAVATION AND DEPOSIT APPLICATION FORM

Application must be submitted if Soil Excavation or Soil Deposit is taking place within the City of Fort St. John.

NOTE: NO WORKS TO BE STARTED PRIOR TO ISSUANCE OF PERMIT.

PLEASE PRINT

Registered Owner Name: _____

City of Fort St. John Business Licence Number (If applicable): _____

Mailing Address: _____

Contact Phone Number: _____ Email: _____

APPLICANT IF DIFFERENT THAN OWNER

Applicant Name: _____

City of Fort St. John Business Licence Number (If applicable): _____

Mailing Address: _____

Contact Phone Number: _____ Email: _____

LOCATION OF WORK

Civic Address: _____

Legal Description:

Lot: _____ Block: _____ Township: _____ Range: _____ W6M Plan: _____

PID: _____

Detailed description of the works involved in this application (eg. soil stockpile, soil excavation, paving):

Work to begin: _____ Work to be completed by: _____

SITE PLANS, DRAWINGS AND DOCUMENTATION:

Provide the following drawings in hard copy (maximum size 11x17) or digital, illustrating the following:

- Location of works (excavation or soil stockpile)
- Erosion and sediment control plan
- Site plan showing existing contours at 0.25 m spacing
- Proposed grading plan
- Drainage system
- Truck route for hauling of materials
- Work Schedule

DECLARATION:

Registered Owner/Agent:

I, (print Owner name) _____ hereby certify that I am the registered owner of the land described above.

- And further that, I have designated (print Agent name) _____ as an agent to act on my behalf of this application with signed consent.

OWNER SIGNATURE

DATE

AGENT SIGNATURE

DATE

Applications can be submitted to:

Development Services
10648 100 ST
Fort St. John, BC V1J 3Z6
(250) 787-8150
developmentservices@fortstjohn.ca

***Only complete applications will be accepted for processing, as verified by Development Services Staff.
Any work started without proper permits and authorizations may be subject to fines as outlined in current City of Fort St. John Bylaws.
Additional information may be required when works are completed.***

FOR OFFICE USE ONLY:

Date Received: _____

Application Complete: Y / N