



<b>FILE REFERENCE:</b>	
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**PERMIT APPLICATION for Municipal Drainage Works**

**Application for Prohibited Activities, Exemptions and Permits**  
*Conservation Authorities Act- Ontario Regulation 41/24, as amended.*

**Contact Information**

**Drainage Superintendent (or Municipal Staff)**

Name(s):		Phone no.:	
Mailing Address:		Municipality:	
Postal Code:		Email:	

**Agent/Contractor (if applicable)**

Business/Agent Name:		Phone no.:	
Mailing Address:		Municipality:	
Postal Code:		Email:	

**Project Details**

**Location of Proposed Work**

Address(s) or nearest intersection:			
Geog. Township:		Lot No.:	
Municipality:		Concession/Plan No.:	

DESCRIPTION OF THE WORKS Please check each that apply

- Section 78  Section 4  Enclosure  Realignment  Section 74 Maintenance (Wetland)

Please Specify:

Drain Name (if applicable):

Dates of Commencement and Completion of Project:

Other pieces of legislation that could be required for this project:

- Is this part of a Planning application  MECP Endangered Species Act  DFO Fisheries Act

NOTES:

All applications must be accompanied by (1) DIGITAL detailed site plan according to the SCRCA STANDARD SITE PLAN REQUIREMENTS included in this package.

**NOTICE OF COLLECTION**

The information on this form is being collected for the purpose of administering a regulation made pursuant to Section 28, *Conservation Authorities Act*, R.S.O. 1990, Chapter 27. This application and supporting documents and any other documentation received relating to this application may be released, in whole or in part, to other persons in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990c. M56, as amended.

**TERMS AND CONDITIONS**

- I declare the information in this application to be true;
- I agree, if required, to coordinate access for authorized representatives of the St. Clair Region Conservation Authority to enter onto the property to review this application and follow up when completed;
- I recognize and accept that the information in this application is a public record and some or all of it may be released;
- I understand that the payment of the fee does not guarantee permission from the St. Clair Region Conservation Authority;
- I understand that I am responsible for obtaining any other agency or government approvals as may be required; and
- I understand that the submission of this form does not constitute a complete application.

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Print Name

Signature

Date

**For Office Use Only**

Date Application Received:		Fee Received & Method:		Received By:	
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