



PESTICIDE PERMIT APPLICATION FORM

PROPERTY INFORMATION

Civic Address: _____

Legal Description: _____
Lot Block DL Plan PID

OWNER INFORMATION

Name of Owner: _____

Mailing Address: _____

Daytime Telephone: _____ Evening Telephone: _____

COMMERCIAL APPLICATOR INFORMATION

Name of Commercial Applicator: _____

Mailing Address: _____

Daytime Telephone: _____ Evening Telephone: _____

POTENTIAL RISKS ASSOCIATED WITH PESTICIDE USE AND ALTERNATIVE REMEDIES

1. Are you aware that there may be health risks associated with general pesticide use?

Yes

No

2. Have you taken measures to research alternative methods of pesticide extermination?

Yes

No

If no, please check sources for information on alternative remedies to pesticide use.

DESCRIPTION OF INFESTATION

1. Is this application for an insect infestation?

Yes

No

2. Briefly describe infestation: _____

3. Is the plant or insect a danger to human beings?

Yes

No

If yes, please specify nature of the danger: _____

4. What is the name of the company or individual who did the infestation assessment?

5. What is the name of the pesticide manufacturer?

6. What is the commercial brand name of the pesticide?

7. What is the PCP registration number? _____

8. Please provide information from label instructions that indicates target pests, inert and active ingredients, ratio of application, formulation, etc. (If possible, attach a copy of the pesticide label.): _____

9. Describe how the pesticide is used/applied: _____

10. Is this property within 50 metres of a public property including, but not limited to, schools and Parks?

Yes

No

11. Have there been previous requests for pesticide use on this property?

Yes

No

12. What is the proposed date and time of day for this pesticide application?

I HEREBY MAKE APPLICATION TO APPLY PESTICIDE TO THE ABOVE NOTED PROPERTY AND SWEAR THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Property Owner's Signature

Date

The personal information collected on this form is done pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection Privacy Act. The personal information collected herein will be used only for the purposes of processing this application or request and for no other purposes unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or agent duly authorized under another act. Further information may be obtained by speaking with the District's Director of Corporate Services at 604-885-1986 or Second Floor, 5797 Cowrie Street, Sechelt.

FOR OFFICE USE ONLY	
Received by: _____	
Application Number: _____	Date: _____