

SQUAMISH Soils Management Application Form

Please email your application to: planning@squamish.ca

Before you submit your form

- Discuss your project with a Community Planning Representative.
- Prepare all required documentation for your application submission with your application form and fee.

OFFICE USE ONLY	
Date Received:	
File No.:	YYYY/MM/DD
Project No.:	

Property Information

Civic Address:		
Legal Description (on Land Title Certificate) or PID:		
Size of Property (Hectares):		
Application Type (check all applicable boxes)		
Soil Deposit, Total Volume:	m³ (Cubic metres)	
Soil Removal, Total Volume:	m³ (Cubic metres)	
Is a portion of this preload? No Yes		
If yes, specify preload volume deposited:		

Please provide calculations to show how soil volumes were determined. Provide in the space below or attach a separate sheet if required. For example:

- Depth of excavation × area of excavation; and/or
- Depth of fill × area of site.

Please clearly indicate the soil volumes that are calculated for deposit, removal, and preload (if applicable)



Applicant Details			
Full Name:			
	cable):		
Mailing Address & City:			
Postal Code:	Business Ph:	Cell Ph:	
Email:			
Owner Details (prima	ry owner only)		
Full Name:			
Mailing Address & City:			
Postal Code:	Business Ph:	Cell Ph:	
Email:			

Development Approval Information

See Official Community Plan (OCP) Part 4 Section 30, and District of Squamish Land Development Procedures Bylaw 2632, 2018.

Natural Hazards

Soil Management applications located within a natural hazard area require Hazard Assessments prepared by a Qualified Professional in accordance with Terms of Reference established by the District. Please indicate if the project is located in any of the following:

Identified flood or debris hazard areas on OCP Schedule D-1 or Schedule E*:

Yes, *Refer to Hazard Policies and Requirements in the Official Community Plan, Part 3, Section 11 and established Terms of Reference for Natural Hazard and/or Risk Assessments.

Areas designated as Primary Floodways, Secondary Floodways or Debris Hazard Areas as shown on OCP Schedule L*:

Yes, *Refer to the Official Community Plan, Development Permit Area 2 Protection from Flood Hazard Guidelines.

Area subject to rockfall, land slip, or having steep slopes of equal to or greater than 25% per Schedule E*:

No Yes, *Refer to Hazard Policies in Part 3, Section 11 of the Official Community Plan.

Natural Environment

Environmental Assessments prepared by a Qualified Environmental Professional may be required for Soils Management Permits. Refer to the District's Terms of Reference for Preliminary Site Surveys and Detailed Site Bio-inventories.

Are the subject lands identified as an Environmental Review Area on OCP Schedule K-1*:

Yes** No

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Current Zoning of property:			
Is there a proposal for rezoning:	No	Yes	
If yes to which zoning classifi	ration:		



^{*} Refer to the Official Community Plan, Development Permit Area 1 Environmental Protection Guidelines. Updated Terrestrial and Aquatic (watercourses, wetlands and marine shoreline) guidelines apply to environmentally sensitive review areas on OCP Schedule K-1, as well as ditches as shown on Schedule K-2.

^{**} Note that DPA1 applies to parcels of land either entirely or partially within a Riparian Assessment Area as defined by the OCP Bylaw, whether or not it is mapped on Schedules K-1 or K-2.

Proposal Description
Clearly explain the proposed project. Provide a description of the proposed soil deposit or removal, with a statement of purpose and rationale.
Please ensure that all information provided in your description is factual and accurate.
If you require more space for your description, please attach additional pages to your application.

Development Specifications

Provide **all** information **relevant** to the proposal. Information is available from various sources including <u>squamish.ca</u>, the *Official Community Plan*, the *Zoning Bylaw*, and Development Plans.

Site Access

Temporary construction access required? No Yes Proposed road access and requirements – please describe:

Proposed start date: ______ Proposed completion date: _______ YYYY/MM/DD

Professional De	etails			
	Full Name:			
Engineer	Business Ph:	Email:		
Environmental Professional	Full Name:			
	Business Ph:	Email:		
Other	Full Name:			
	Business Ph:	Email:		
your application application form of personal information colled No. 2622, 2019 a please contact the lower and warranty, the due and diligent waste Management waste Management waste Management waste Management waste Management of the project will lower was project will lower	Objective is to collect busing it will only be used for the provented will be retained and district of Squamish Indexed will be retained and district of Squamish Indexed warrant to the District at the property covered by the inquiry, been used for any prent Act (British Columbia) and unsafe, or unsuited for the cent Act (British Columbia). The gent is the columbia of the columbia of the columbia of the cent act (British Columbia).	er the authority of Soils Management Bylavess information, should personal information urpose of processing this application. The clisions of the Freedom of Information and Proceed according to the District of Squamis Records Classification and Retention Scheducices at 604-815-5023. Attrict of Squamish, knowing that the District his application has never, to the best of my/burpose such that a site profile is required to a that the property is not contaminated or pourpose for which it is to be used, including this Application all required documents pleamed necessary for processing this Applicant with the District's Wildlife Attractant Bylaves.	on be provide ollection, use rotection of F h Records Maule. If you have relies on this our knowled, be submitted on the man within the man within the man all required ration.	ed through this and disclosure Privacy Act. The anagement Bylaw re any questions, representation ge having made d under the any way that would neaning of the
Full Name of Appli	icant (please print)	Signature of Applicant	Date	DD/MM/YYYY
Full Name of Prima	ary Landowner (please print)	Signature of Primary Owner	Date	DD/MM/YYYY
Full Name of Seco	ndary Landowner (please print)	Signature of Secondary Owner	r Date	DD/MM/YYYY

IMPORTANT: Applications are not accepted unless complete with required fee and documents. For your application to be complete, please ensure to include Soils Management Document Checklist and supporting documentation with your application. (Soils Management Document Checklist).

