



APPLICATION FOR APPROVAL

OFFICE USE ONLY	
Date Received: (yyyy/mm/dd)	Application #

PLEASE PRINT OR TYPE. Complete Sections 1, 2, 3, 4 and 7 for ALL Applications. Complete areas of Sections 5 and 6 that are applicable to the specific activities of this application only. NOTE: ALL APPLICABLE APPLICATION FEES MUST BE SUBMITTED WITH APPLICATION for applicable fees go to: <https://novascotia.ca/just/regulations/regs/envfees.htm>

Type of Application:

- New Application
 Renewal
 Amendment
 Transfer

If applicable, provide the previous Approval # _____

SECTION 1 – APPLICANT

If there is more than one applicant, the first applicant listed will be considered the primary applicant for this project. Please attach a complete list of applicants with the information below.

Company/Organization/Municipality

Business Number (BN) if applicable

First Name	Middle Initial	Last Name
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Primary Phone Number	Ext. Secondary Phone Number	Ext. Fax
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E-mail

Civic/Street Address

Mailing Address (if different than Civic)

Community	County
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Province	Postal Code	Country
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NOTE: Following application decision, all correspondence will go to the applicant Preferred Method of Contact?

- Email
 Paper

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 – Applicant? Yes No If yes, please skip to Section 3.
If there is more than one contact, please attach a complete list of contacts with the information below.

Company/Organization/Municipality

Business Number (BN) if applicable

First Name Middle Initial Last Name

Primary Phone Number Ext. Secondary Phone Number Ext. Fax

E-mail

Civic/Street Address

Mailing Address (if different than Civic)

Community County

Province Postal Code Country

NOTE: Following application decision, all correspondence will go to the applicant
Preferred Method of Contact? Email Paper

SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property Identification numbers (PID) are available at the Nova Scotia Land Registry.
If more than one Site, Copy this section and attach for each Site:

Site Name

For each property associated with this site, please fill out the information below. If the activity/facility covers more than one property, copy and attach the additional information

Civic/Street Address

Lot Number

Community County

Property Identification # (PID)

SECTION 4 - ACTIVITY

Proposed Activities - Please check (✓) all that apply.

<u>Activity</u>	<u>Complete Sections</u>	<u>Activity</u>	<u>Complete Sections</u>
Asbestos	<input type="radio"/> 5A, 6A	Dangerous Goods Residential Facility	<input type="radio"/> 5E, 6A,
Chemical Storage	<input type="radio"/> 5B, 6A	Oily Debris Disposal	<input type="radio"/> 5E, 6A
Contaminated Soils	<input type="radio"/> 5C, 6A, 6B	Salvage Facility	<input type="radio"/> 5F, 6A, 6C
Dangerous Goods Handling Facility	<input type="radio"/> 5D, 6A, 6B	Tank Dismantling Facility	<input type="radio"/> 5G, 6A

Is this a Pilot Activity? Yes No

Variance Requested? Yes No

*If Yes please fill out a request for Variance Form

SECTION 5 - ACTIVITY DETAILS

Complete Section 5 to the best of your knowledge. Please provide all information requested in metric units indicated.

5A – Complete for Asbestos

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Does this facility accept from the public? Yes No

Separation distance to watercourse (meters) _____

Type of Facility			
Storage <input type="radio"/>	Disposal <input type="radio"/>	Treatment <input type="radio"/>	Other <input type="radio"/> If other, please specify _____
Shipment Type		Bulk <input type="radio"/>	Bag <input type="radio"/>
Capacity – Maximum Storage Capacity			
(kg) _____	(m ³) _____	(litres) _____	
Maximum Disposal Capacity			
(kg) _____	(m ³) _____	(litres) _____	
Maximum Treatment Capacity			
(kg) _____	(m ³) _____	(litres) _____	

5B - Complete for Chemical Storage

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Chemical Products Stored: _____

Separation distance to watercourse (meters) _____

Physical State of Chemicals			
Solid <input type="radio"/>	Liquid <input type="radio"/>	Gas <input type="radio"/>	
Type of Storage			
Tank <input type="radio"/>	Drum <input type="radio"/>	Other <input type="radio"/>	If other, please specify _____
Capacity – Maximum Storage Capacity			
(kg) _____	(m ³) _____	(litres) _____	

5C - Complete for Contaminated Soils

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Does this facility accept from the public? Yes No

Separation distance to watercourse (meters) _____

Type of Facility	
Storage <input type="radio"/>	Disposal <input type="radio"/> Treatment <input type="radio"/> Other <input type="radio"/> If other, please specify _____
Contaminant	
PCB <input type="radio"/>	PCP <input type="radio"/> Petroleum <input type="radio"/> PAH <input type="radio"/> Meta <input type="radio"/> Chlorinated Solvents <input type="radio"/>
Other <input type="radio"/>	Other Description _____
Capacity – Maximum Storage Capacity	
(Kg) _____	(m ³) _____ (litres) _____
Maximum Disposal Capacity	
(Kg) _____	(m ³) _____ (litres) _____
Maximum Treatment Capacity	
(Kg) _____	(m ³) _____ (litres) _____
Treatment Technology	
Biological <input type="radio"/>	Thermal <input type="radio"/> Chemical <input type="radio"/> Solidification <input type="radio"/> Physical <input type="radio"/>
Soil Washing <input type="radio"/>	Other <input type="radio"/> Other Description _____

5D - Complete for Dangerous Goods Handling Facility,

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Does this facility accept from the public? Yes No

Separation distance to watercourse (meters) _____

Type of Facility	
Storage <input type="radio"/>	Disposal <input type="radio"/> Treatment <input type="radio"/> Other <input type="radio"/> If other, please specify _____
Handling Facility Type	
Dangerous Goods <input type="radio"/>	Waste Dangerous Goods <input type="radio"/> Both <input type="radio"/>
Type of Storage	
Tank <input type="radio"/>	Drum <input type="radio"/> Other <input type="radio"/> If other, please specify _____
Type of Waste Stored _____	
Capacity – Maximum Storage Capacity	
(Kg) _____	(m ³) _____ (litres) _____
Maximum Disposal Capacity	
(Kg) _____	(m ³) _____ (litres) _____
Maximum Treatment Capacity	
(Kg) _____	(m ³) _____ (litres) _____

5E - Complete for Dangerous Goods Residential Facility and Oily Debris Disposal

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Does this facility accept from the public? Yes No

Separation distance to watercourse (meters) _____

Type of Facility	
Storage <input type="radio"/>	Disposal <input type="radio"/> Treatment <input type="radio"/> Other <input type="radio"/> If other, please specify _____
Capacity – Maximum Storage Capacity (kg) _____ (m ³) _____ (litres) _____	
Maximum Disposal Capacity (kg) _____ (m ³) _____ (litres) _____	
Maximum Treatment Capacity (kg) _____ (m ³) _____ (litres) _____	

5F - Complete for Salvage Facility

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Does this facility accept from the public? Yes No

Size of salvage yard (ha) _____

Separation distance to watercourse (meters) _____

Type of Facility	
Storage <input type="radio"/>	Disposal <input type="radio"/> Treatment <input type="radio"/> Other <input type="radio"/> If other, please specify _____
Materials Processed	
Automobile <input type="radio"/>	Industrial Equipment <input type="radio"/> Transportation Equipment <input type="radio"/>
Other <input type="radio"/>	Other Description _____
Capacity – Maximum Storage Capacity (kg) _____ (m ³) _____ (litres) _____	
Maximum Disposal Capacity (kg) _____ (m ³) _____ (litres) _____	
Maximum Treatment Capacity (kg) _____ (m ³) _____ (litres) _____	

5G - Complete for Tank Dismantling Facility

Proposed Start Date of Construction (yyyy/mm/dd) _____ Proposed Start Date of Operations (yyyy/mm/dd) _____

Does this facility accept from the public? Yes No

Separation distance to watercourse (meters) _____

Type of Facility			
Storage <input type="radio"/>	Disposal <input type="radio"/>	Treatment <input type="radio"/>	Other <input type="radio"/> If other, please specify _____
Capacity – Maximum Storage Capacity			
(kg) _____	(m ³) _____	(litres) _____	
Maximum Disposal Capacity			
(kg) _____	(m ³) _____	(litres) _____	
Maximum Treatment Capacity			
(kg) _____	(m ³) _____	(litres) _____	

SECTION 6 - SUPPORTING DOCUMENTATION

All supporting documentation is to be submitted in accordance with the “Approvals Procedures Regulations.” If applicable, the following documents must be submitted with this Application; however, additional information may be requested.

Note: A legend must be supplied for all mapping describing symbols used, scale and north orientation.

Description	Submitted	Waiver Requested	Reason for Waiver
6A - Attach for All Applications			
Proof of Ownership/Agreement/Legal right to conduct Activity	<input type="radio"/>	<input type="radio"/>	_____
Site Plan or Survey	<input type="radio"/>	<input type="radio"/>	_____
Detailed Plans/Specifications	<input type="radio"/>	<input type="radio"/>	_____
Detailed Description of Activity	<input type="radio"/>	<input type="radio"/>	_____
Substance Descriptions and Controls	<input type="radio"/>	<input type="radio"/>	_____
Description of Adverse Effect	<input type="radio"/>	<input type="radio"/>	_____
Contingency Plan	<input type="radio"/>	<input type="radio"/>	_____
6B - Attach only for Contaminated Soil, and Dangerous Goods Handling Facility			
Proof of Financial Security	<input type="radio"/>	<input type="radio"/>	_____
6C - Attach only for Salvage Facility			
Municipal Authorization (zoning)	<input type="radio"/>	<input type="radio"/>	_____
Explanation of Substances Released	<input type="radio"/>	<input type="radio"/>	_____

If information submitted is incomplete, or if supporting documentation is of poor quality (plans, maps, etc.), the application may be delayed, returned or rejected.

SECTION 7 - DECLARATION

Information in this application package which the applicant considers to be confidential business information should be clearly identified.

Are you making this request? Yes No

If yes, please indicate which information in the Supporting Documentation is considered confidential.

I acknowledge it is an offense under Section 158 of the *Environment Act* to provide false or misleading information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the *Environment Act* and Regulations.

Please select the option that applies to your situation

- I own the site
- I have a lease or other written agreement or option with the landowner or occupier that enables me to carry out the activity on the site
- I have the legal right or ability to carry out the activity without the consent of the landowner or occupier

Applicant's Signature: _____ Date: (yyyy/mm/dd) _____

Name (Please print or type): _____

OR

I certify that I am acting with the applicant's full consent.

Signature: _____ Date: (yyyy/mm/dd) _____

Name (Please print or type): _____