## DISTRICT OF SAANICH PESTICIDE APPLICATION • NO FEE

☐ a pest in☐ a pest in☐	application must meet <u>one</u> of the foll festation that threatens the integrity festation that poses a serious econo of the spread of noxious weeds or in	of a se omic los	nsitive eco		r to be con	sidered:		
☐ the use of	he following: of the pesticide is permitted under th siples of Integrated Pest Manageme				ment Act			
Part 2 o	Submission: of Application Form (required)					•	vant features (required)	
APPLICANT (Please Print)								
Name					<del>-</del>			
Address					Postal Co	de		
Phone		Fax			1 03(a) 00	E-mail		
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		0	WNER (PI	ease Prir	nt)			
Name								
Address			Postal Code					
Phone		Fax				E-mail		
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	PF	ROPER	TY DESCR	RIPTION/	ADDRESS			
Legal Desc	cription:							
Address:								
In making this application the owner agrees to permit access to the property at all reasonable times by Saanich staff, members of council or consultants authorized by Saanich, for purposes of conducting inspections of the property.								
The name, address and phone number of the applicant will be made available to the public on request.								
CERTIFICATION					AUTHORIZATION			
I hereby certify that the information is true to the best of my knowledge				Required if applicant is not the registered owner; strata titled developments				
				require a written endorsement from strata council(s)  I hereby consent to the application herein				
						·		
SIGNATURE OF APPLICANT				SIGNATURE OF OWNER				
	DATE							
	DATE					D	ATE	
						STAFE I	ISE ONLY	

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7. t. 250-475-1775, e. foi @saanich.ca

	STAFF USE ONLY
Project Name:	
Project No:	
Case No:	

Part 2 Tel 250-475-5471 Fax 250-475-5430

Details of Proposal
Area of Proposed Pesticide Application (m² or ha) :
Name of Pest or Plant Targeted:
Name of pesticide to be used:
Name of pesticide applicator and certification number:
Accreditation of the pesticide applicator (if applicable):
Briefly Describe Problem:
Briefly Describe Proposal:
Describe how the requirements in sections 8-11 of the Pesticide Bylaw will be met:
Proposed Date(s) for pesticide use:

Part 2 Tel 250-475-5471 Fax 250-475-5430

## Information Required for Submission

It is the responsibility of the applicant to consult with staff to determine the information required for a complete application. Processing begins only when an application is certified as complete. Additional information may be requested during application review.

Information	Details					
	Author and credentials					
	Description of Problem					
Integrated Pest Management	What other control methods have been used?					
(IPM) Plan	How is the use of pesticides justified using the principles of IPM?					
3 copies	Complete description of proposed solution.					
	If serious economic loss is being claimed, please provide details of the cost if no pesticides are used, such as: replacement of vegetation; loss of maturity of vegetation; impact to the value of the property; the ecological goods and services provided by the effected vegetation; and the ability of the vegetation to recover without the on-going need for pesticides.					
	Civic & legal address					
Sketch Plan:	North arrow and scale					
3 copies	Property lines, buildings, landmarks					
metric scale only	Area of pest problem					
	Watercourses (on property or within 50m of property line)					
Professional Report:	Author and credentials					
• 3 copies	Description of problem					
- C COP.OS	Verification of a sensitive ecosystem AND/OR Impact of noxious weed or invasive species					