

## APPLICATION FORM FOR SOIL DEPOSIT & REMOVAL PERMIT

*Please submit the completed application to: [development@saanich.ca](mailto:development@saanich.ca)*

Date:					<b>Office Use</b>	
Owner /Applicant:					ISD No.:	
Site Address:	Street Number and Name				File No.:	
	City:	Province:	Postal Code:			
Lot:		Block:		Plan:		
Net Volume of Soil to be Deposited or Removed in Cubic Meters:					m <sup>3</sup>	
Total Area of Soil to be Deposited or Removed in Hectares:					ha	
Source of Soil:	Street Number and Name		City	Province		
Tipping Location:	Street Number and Name		City	Province		
Type of Soil:	Topsoil	Gravel	Clay	Rock	Other:	
<b>Owner</b> <small>(if different from above)</small>						
Address:	Street Number and Name					
	City:	Province:	Postal Code:			
Phone:				Email:		
<b>Contractor:</b>						
Address:	Street Number and Name					
	City	Province	Postal Code			
Phone:				Email:		

