



Ausable Bayfield  
Maitland Valley  
Source Protection  
Region

*For Office Use Only*

*Date Received:* \_\_\_\_\_

*File #:* \_\_\_\_\_

## Restricted Land Use Submission Form

### Contact and Property Information

Name and Company (if applicable): \_\_\_\_\_

Operating as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_

Assessment Roll Number: \_\_\_\_\_

Legal property description: \_\_\_\_\_

Date this form was submitted: \_\_\_\_\_

Name of municipal staff person that directed you to the restricted land use process:

\_\_\_\_\_

### Description of Proposal

Please check one: ☐ New Development ☐ Expansion

The property is in a Wellhead Protection Area ☐ A ☐ B ☐ C (check all that apply)

Please describe the new activity that will require a building permit or zoning change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the current activity (if expansion) taking place on the property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there, or will there be, a fuel or oil tank on the property? ☐ Yes ☐ No

If yes, what size is the tank \_\_\_\_\_ ☐ Above ground ☐ Below ground

Will chemicals (solvents, paint, degreasers, etc.) be stored on the property? ☐ Yes ☐ No

Please describe and list quantity:

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Will agricultural activities be happening on this property? ☐ Yes ☐ No

Please describe:

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Will manure, commercial fertilizer or manure be stored on property? ☐ Yes ☐ No

Will grazing/pasturing or outdoor confinement yards exist on this property? ☐ Yes ☐ No

Will there be any amounts of hazardous waste, generated or collected, that don't require an Environmental Compliance Approval (formerly Certificate of Approval)? ☐ Yes ☐ No

Will there be snow storage on the property? ☐ Yes ☐ No

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## Site Drawing

If you have printed the form and would like to include a hand drawing to outline the property and location/extent of any activities of concern, please use the following page.

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## Signature

I declare that that all of the information provided on this Restricted Land Use Submission Form is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Proponent

\_\_\_\_\_  
Date

### **Regional Risk Management Office Contacts**

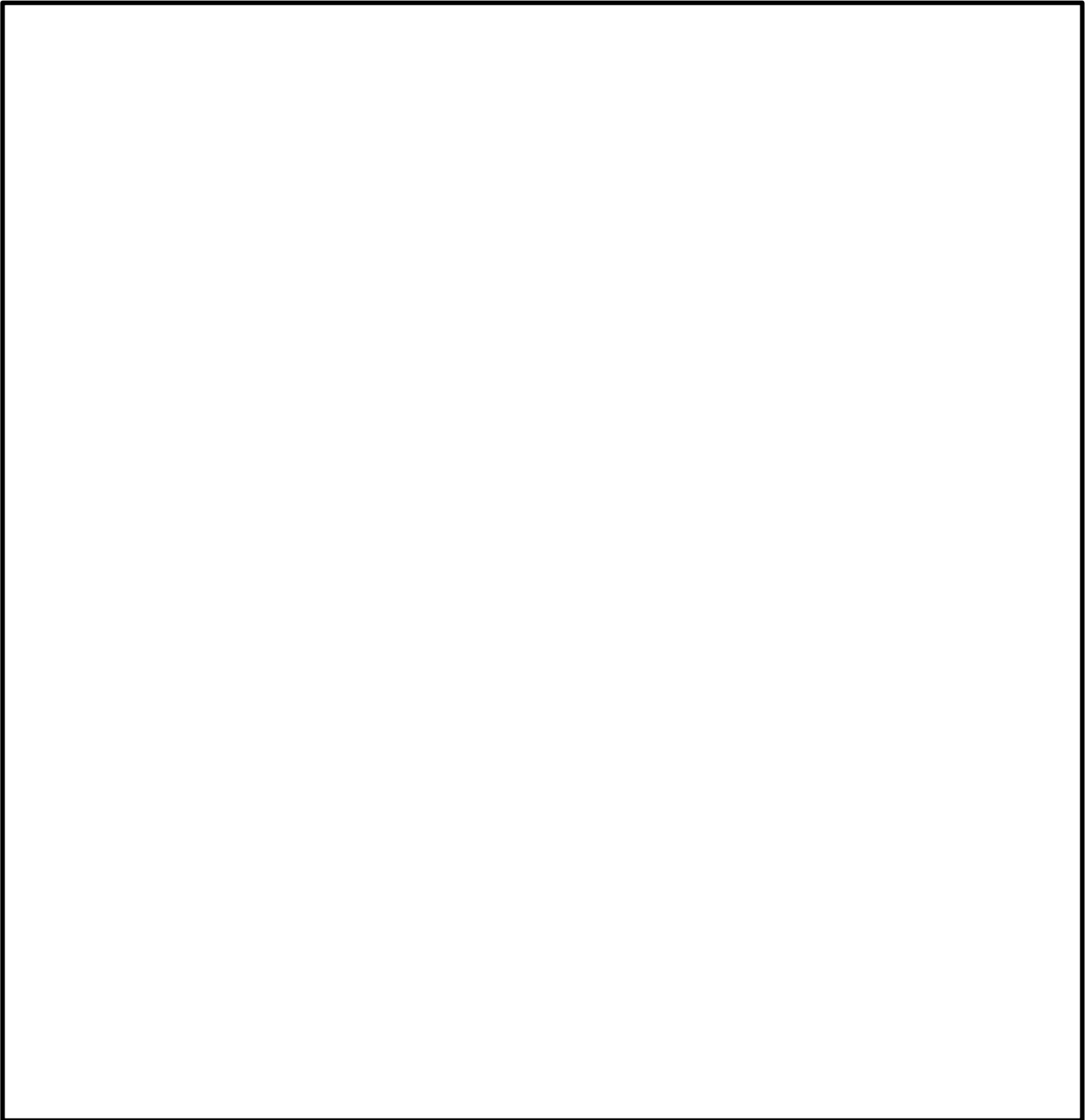
519-235-2610 or 1888-286-2610 fax – 519-235-1963 Website: [www.sourcewaterinfo.ca](http://www.sourcewaterinfo.ca)

71108 Morrison Line, RR #3, Exeter ON N0M 1S5

Jenna Allain ext.226 [jallain@abca.on.ca](mailto:jallain@abca.on.ca)

Mary Lynn MacDonald ext. 247 [mmacdonald@abca.on.ca](mailto:mmacdonald@abca.on.ca)

Please include a north arrow, street numbers and other points of reference.

A large, empty rectangular box with a black border, intended for a map or drawing. It occupies the central portion of the page.

*Note: All information collected on this submission form is subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and subsection 54 (3) of the Clean Water Act. Information will also be provided to the Ministry of the Environment and Climate Change.*

*Note: Incomplete submission forms will delay the review process. Please ensure submission forms are complete before submission.*