



The Corporation of the Township of Georgian Bay

99 Lone Pine Road
Port Severn, ON
L0K 1S0 Canada
www.gbtownship.ca

Blasting Permit Application Form

OFFICE USE ONLY					
Received By:		Date Fee Paid:		Application No.:	

Previous or Concurrent Application(s) No.: _____

Fee: \$335.00

A. Applicant/Owner	
Full Name:	
Mailing Address:	
Telephone No.:	
Email Address:	

B. Agent (if applicable)	
Full Name:	
Mailing Address:	
Telephone No.:	
Email Address:	

C. Solicitor (if applicable)	
Full Name:	
Mailing Address:	
Telephone No.:	
Email Address:	

D. Subject Lands	
Civic Address:	
Legal Description:	
Roll Number:	



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E. Blasting Details	
Surface dimensions of area above high water mark to be blasted (on the horizontal):	
Approximate number of cubic meters to be blasted above the high water mark:	
Length of shoreline to be blasted (provide details if distances vary or if shoreline is irregular):	
Purpose for proposed blasting:	
Describe what is to be done with the blasted material:	
Describe what landscaping or building is planned for the site that would hide or disguise the blasting having been performed or would otherwise have a visual impact:	
List any significant features of historical, architectural or scientific interest of which you are aware that might be affected by the proposed blasting, as well as anything that would be undertaken to preserve such features:	
Estimated time for completion of blasting:	
Estimated time for completion of incidental building or landscaping identified above:	

The following additional information is **required**:

Survey or sketch of the lot identifying the proposed site of blasting.

Dimensions of all blasted surfaces as they should appear after the blasting.



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Photographs of the following:

- From the water, sufficient photos to show clearly the totality of area to be blasted as well as 30 meters to each side and at least 10 meters behind, marked to show material to be blasted.
- One or more photos from vantage points behind the area to be blasted, sufficient photos to clearly show the totality or area to be blasted as well as 30 meters to each side and at least 10 meters behind, marked to show material to be blasted.
- Such other photographs as may be appropriate for council to understand the impact the blasting will have on the area.

F. Permission to Enter Property

I / We _____ hereby authorize the members of Council, members of the Committee of Adjustment, members of the staff of the Township of Georgian Bay and designated consultants, to enter onto the above-noted property for the limited purposes of evaluating the application over the time this application is under review by the Township.

Date: _____ Owner Signature: _____

Notice of Collection

Personal information on this form is collected under the authority of the *Planning Act*. All names addresses and comments included is material available to the public in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

Questions regarding this collection and its release under the Act should be directed to the Township Clerk, 99 Lone Pine Road, Port Severn, Ontario L0K 1S0, telephone: 705-538-2337 extension 227 during business hours or via email to kway@gbtownship.ca.



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G. Freedom of Information

For the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information that is collected under the authority of the *Planning Act* for the purposes of processing this application.

Date: _____ Owner or Agent Signature: _____

H. Authorization for Agent to Act

I / We _____ am / are the registered owner(s) of the land that is the subject of this application. I / we authorize _____ to make this application on my / our behalf and to provide any of my / our personal information for the processing of this application. This authorization also allows the applicant to appear at any hearing(s) of the application and provide any information or material required by the Committee of Adjustment relevant to the application on my / our behalf.

Date: _____ Owner Signature: _____

I/we certify that all statements and information provided in this application are true, accurate and current.

Applicant/Authorized Agent

Date: _____