

APPLICATION FOR LAND USE PERMIT

ACCESS TO INFORMATION & PROTECTION OF PRIVACY ACT

This information is being collected under the authority of O.I.C. 2003/77 pursuant to the *Lands Act* and s.(21) of the *Land Use Regulation* pursuant to the *Territorial Lands (Yukon) Act* and used to determine issuance of land use permits. Permits and related documents may be included on a public registry and/or disclosed to other government departments and public. For further information contact the Department of Energy, Mines and Resources, Land Management Branch at 867-667-5215 or toll free at 1-800-661-0408 extension 5215.

OFFICE USE ONLY		
Application Fee:	Land Use Fee:	General Receipt #:
Date (yyyy-mm-dd):	Permit #:	YESAB #:

TO BE COMPLETED BY ALL APPLICANTS

APPLICANT CONTACT INFORMATION			
Applicant Name:		Phone Number:	Alternate Contact Number:
Fax:	Email Address:		
Applicant Address:		City/Town:	Territory/Province: Postal Code:
Site Contractor or Person in Charge: (if different from applicant)		Phone Number:	Alternate Contact Number:
Fax:	Email Address:		
Contractor's Address:		City/Town:	Territory/Province: Postal Code:

PROJECT DESCRIPTION

Describe purpose, nature and location of all activities - refer to Section 21(2)(b) - *Land Use Regulation*.
Attach additional pages if necessary.

INCLUDE A SKETCH/MAP

- Provide a detailed sketch/map showing the location and extent of all project activities (e.g. road location and dimensions, water crossings, geotechnical pit locations, etc.)

EQUIPMENT (ATTACH ADDITIONAL PAGES IF NECESSARY - ONLY EQUIPMENT LISTED CAN BE USED TO UNDERTAKE THE PERMITTED ACTIVITIES)

Type and Number	Size	Proposed Use

FUELS (ATTACH ADDITIONAL PAGES IF NECESSARY)

Fuel Type	Number of Containers	Capacity of Containers

FUEL CONTAINMENT

Fuel spill contingency plans (please attach separate contingency plan if necessary):

Method of fuel transfer (to other tanks, vehicles, etc.):

PROPOSED DISPOSAL METHODS

a) Solid Waste:

b) Sewage (sanitary and grey water):

c) Brush and Trees:

d) Overburden (organic soils, waste material, etc.):

SITE CHARACTERISTICS

Soils (sand, gravel, clay, silt, peat, etc.):

Vegetation (spruce, pine, poplar, willow, cleared, etc.):

Topography (flat, steep, rolling, etc.):

Proximity to Water Bodies (rivers, streams, lakes, ponds within or near the application area):

ROAD OR TRAIL CONSTRUCTION/WATER CROSSINGS					
ROAD ROUTE					
Has the route been laid out or ground truthed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, a pre-inspection will not occur until the route has been flagged in the field.					
PURPOSE					
a) Access to private property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Lot # _____					
b) Access for resource extraction (e.g. mining, logging, mineral exploration)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:					
c) Other (specify):					
TYPE					
<input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Year Round <input type="checkbox"/> Resource Road <input type="checkbox"/> Trail <input type="checkbox"/> Other					
DESCRIPTION					
Length:		Travelled Road Width:		Right-of-Way Width:	
WHO WILL BE RESPONSIBLE FOR MAINTENANCE?					
Indicate Person, Company, Association, etc.:					
SOURCE GRAVEL/FILL					
Indicate intended source, if any:					
WATER CROSSING(S)					
Stream Name:					
Road Name:			Type of fill to be used at crossing:		
Site Conditions:					
Width of stream at crossing:			Depth of stream at crossing:		
BRIDGE – WILL A BRIDGE BE INSTALLED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Proposed Bridge Length:	Clearance:	Clear Span:	Crib Height:	Crib Width:	Deck Width:
Stringer Type:			Stringer Spacing:		
Deck Details:					
CULVERT – WILL CULVERTS BE INSTALLED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Culvert Diameter:			Culvert Length:		

CAMP FACILITIES AND MAINTENANCE**STRUCTURES/FACILITIES – CAMP REQUIRED** Yes No

New facilities (specify):

Existing facilities (specify):

Trailer(s):

Tent/tent frame:

Will camps or facilities be located within 30 meters of water bodies or structures? Yes No**CAMP SIZE**

Number of camps:

Max number of persons in camp at a time:

Number of person-days/camp (persons x days):

SEASONAL CAMP CLOSURE

Describe work that will be done at the end of each year to secure camp facilities:

POTENTIAL ENVIRONMENTAL/RESOURCE IMPACTS

Describe the adverse effects of the proposed program on land, water, flora and fauna, and related socio-economic issues. Attach additional pages if necessary.

Proposed Restoration Plans:

CONSULTATION

Have you discussed the proposed operation with any First Nations, any individuals or organizations that may be affected by the project? If so, indicate who and what input you have received (e.g. any concerns you are aware of, support for the project, interest in participation, other input). Attach additional pages if necessary.

OTHER RIGHTS, LICENCES OR PERMITS

Other rights, licences or permits related to this permit application (e.g. mineral claims, timber permits, water licences, access permit, fuel storage, etc.)

Please indicate if this project involves work around/under utilities and/or telecommunication lines: Yes No

CURRENT ZONING OF LAND UNDER APPLICATION

None Urban Residential

Country/Rural Residential Cottage Commercial Industrial

Other:

Name of Applicable Community or Local Area Plan:

PERIOD OF OPERATION

Period of operation including time to cover all phases of project work applied for including restoration:

Period of permit (up to two years, with maximum of one year extension):

Start Date (yyyy-mm-dd):

Completion Date (yyyy-mm-dd):

LOCATION OF OPERATION (GPS POINTS AND SHAPEFILES MAY BE SUBMITTED VIA EMAIL)

NTS Map Number(s) (1:50,000 scale):

Coordinates of Area: NTS ($^{\circ}$ / ' / ") or UTM system

Quadrant:

Range of Latitude: most northerly point:

to most southerly point:

Range of Longitude: most westerly point:

to most easterly point:

SCHEDULE OF FEES

<input type="checkbox"/> Land Use permit application fee	\$150.00
First two (2) hectares (automatic fee)	\$50.00
Add \$50.00 for each additional hectare or portion of hectare (_____ ha @ \$50.00)	\$ _____
Calculation of area involved (including access, staging areas, airstrips, campsites, etc.)	\$ _____
	GST \$ _____
	Total \$ _____

Land Use Permits within a Block Land Transfer:	\$25.00
	GST \$ _____
	Total \$ _____

SIGNATURE – APPLICANT/OWNER CONSENT

I/we certify that all of the submitted information is true and correct to the best of my knowledge and belief.

I/we understand that any misrepresentation of submitted data may invalidate any approval of this application.

I/we confirm that, if approval is granted, all work or activities will be undertaken consistently as outlined in this application and in compliance with any terms or conditions as may be specified or contained in said permit.

_____	_____	_____
Signature	Print Name	Date (yyyy-mm-dd)

SIGNATURE – ENGINEER

Total Area (Hectares) :	Less the original 2 Hectares:	TOTAL (for fee calculation):

Accepted By: _____	Date (yyyy-mm-dd) _____
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