Minimum Distance Separation (MDS) Waiver (declaration)

| Αŗ | oplicant information | NRCB application number: |
|----------------|---|---|
| Op | perator/operation name: | |
| Ad | ldress: | Postal Code: |
| Le | gal land location of confined feed | ing operation: |
| (M ab ap | DS) to their residence for the <i>Agr</i> ove. In making this request, I hav plication and a copy of the Natura | er(s) named below to waive the required minimum distance separation ricultural Operation Practices Act (AOPA) permit application identified e provided the owner(s) with an opportunity to review my permit al Resources Conservation Board (NRCB) Fact Sheet "Minimum Distance le on the NRCB website at www.nrcb.ca. I have also explained: |
| • | have advised the owner(s) that | section 3 of the Standards and Administration Regulation of AOPA. I section 3(6)(a) of the Standards and Administration Regulation allows y the owners of residences, if they agree in writing to grant a waiver; |
| • | That my proposed development | does not meet the required MDS to the owner's residence; and, |
| • | | this application as described. An increase in livestock capacity, annual ur production, change to the site plan or change to a facility that would a new waiver. |
| Fo | llowing is a summary of the propo | osed development: |
| • | The current scope of my confine livestock, if any, is: | ed feeding operation (CFO), including the type, number, and category of |
| • | My application for a new AOPA type and/or capacity at my CFO | permit proposes the following changes to the existing livestock category, |
| • | | (ies), or changes to the existing CFO facilities, including manure storage, y other pertinent details, if any, are (attach a site layout plan if available): |
| re | sidence sign this document. | |
| Рe | ermit Applicant:Sig | Date:nature |
| | esidence owner(s) to initial: | |

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| Residence owner(s) information | |
|---|--|
| ALL Names on land title: | |
| | |
| Legal land location of residence(s): | |
| · · · · · · · · · · · · · · · · · · · | |
| Telephone number(s)¹: Email address(es)¹: | |
| Address(es) ¹ and Postal code(s) ¹ : | |
| | |
| ¹ Please note that personal contact information is for NRCB use ONLY and not publicly released | |
| I am/we are the legal landowner(s) of a residence(s) located at the above noted legal land location/address: | |
| I/we have read the NRCB Fact Sheet "Minimum Distance Separation (MDS) Waivers"; | |
| I/we have discussed this application with the applicant and understand its potential impacts to our residence(s); | |
| I/we understand that the application does not meet the MDS requirement to my/our residence(s), under the Agricultural Operation Practices Act (AOPA); | |
| I/we understand that this waiver is not valid unless signed by ALL parties identified on the land title as owners; | |
| I/we are not obligated to waive the MDS requirement to our residence(s); | |
| I/we understand that if I/we choose to waive the MDS requirement, I/we can revoke the waiver, by providing written notice to the NRCB approval officer, as set out in the "Minimum Distance Separation (MDS) Waivers" Fact Sheet; and | |
| I/we understand that this waiver is a public document. | |
| Having considered my/our rights, I/we hereby waive the MDS requirement to my/our residence, with respect to | |
| Application number | |
| | |
| Signatures of all residence owner(s) on title | |
| Printed names of all residence owner(s) on title | |
| Date: | |