

Part 1 – General Information & Disclosure

Application under the *Agricultural Operation Practices Act (AOPA)* for a confined feeding operation (CFO), manure collection area, or manure storage facility

NRCB USE ONLY	NRCB Application Number	Date Stamp
<hr style="width: 30%; margin: auto;"/>		

CONTACT INFORMATION

Applicant Information			
Name:		Corporate Name (if applicable):	
Address: (Street/P.O. Box)			
City/Town:		Province:	Postal Code:
Agent Information (if applicable) (person/agency completing application on the applicant’s behalf; must have signing authority) <i>Please attach letter of consent signed by applicant.</i>			
Name:		Corporate Name (if applicable):	
Address: (Street/P.O. Box)			
City/Town:		Province:	Postal Code:

LOCATION OF PROPOSED DEVELOPMENT

Legal Land Description(s)	(Qtr-Sec-Twp-Rg-W Mer)		
County/Municipal District			
Registered Landowner(s)	Is the applicant the registered landowner? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please attach letter of consent signed by all landowners)</i>		
Existing Permit	Does this legal land location have an existing permit(s) for CFO facilities? (AOPA permit or municipal development permit) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Permit #:		Permit #:
	Permit #:		Permit #:

Proposed Activity (check all that apply)	<input type="checkbox"/> Construct a new confined feeding operation <input type="checkbox"/> Expand an existing confined feeding operation (increase animal numbers) <input type="checkbox"/> Construct, expand, or modify a manure storage facility
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Describe what is being proposed, including changes to facilities, changes to animal numbers, or changes to types of livestock, e.g., beef, dairy, hog, poultry, etc.

Total livestock (including proposed livestock numbers)

Livestock category and type	Existing animal numbers	Proposed change in numbers	Total

APPLICATION DISCLOSURE

I, the applicant, or agent of the applicant, am responsible for confirming that this proposed development can meet the municipality’s land use planning requirements (MDP, IDP, etc.) and municipal setback requirements, and is not located in a right of way.

I acknowledge that this information is collected under the authority of the *Agricultural Operation Practices Act*, is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*, and shall be deemed public unless the NRCB grants a written request that certain sections remain private.

From the date Part 1 is accepted by the NRCB, I, the applicant, or agent of the applicant, have **six months** to complete and submit Part 2 of this application, together with any supporting documentation I need to complete the application, unless an extension is granted. I, the applicant, acknowledge that failure to meet the six month timeframe may result in the application being denied by the NRCB.

I, the applicant, or agent of the applicant, acknowledge that any construction prior to obtaining the required AOPA permit is an offence and subject to enforcement action, including prosecution.

I, the applicant, or agent of the applicant, have read and understand the statements herein and acknowledge that the information provided in this application is true to the best of my knowledge.

Date of signing

Signature

Corporate name (if applicable)

Print name

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To be filled out by the applicant. This page is only for NRCB, municipal, and referral agency use, and is not for public disclosure.

Applicant Contact Information				
Name:		Corporate Name (if applicable):		
Contact Numbers	Business:	Cell:	Home:	Fax:
Email:				
(check all that apply)				
<input type="checkbox"/> I wish to receive NRCB correspondence by email				
<input type="checkbox"/> I wish to receive NRCB correspondence by mail				
<input type="checkbox"/> I wish to receive NRCB correspondence by fax				

Agent Contact Information (if applicable)				
Name:		Corporate Name (if applicable):		
Contact Numbers	Business:	Cell:	Home:	Fax:
Email:				
(check all that apply)				
<input type="checkbox"/> I wish to receive NRCB correspondence by email				
<input type="checkbox"/> I wish to receive NRCB correspondence by mail				
<input type="checkbox"/> I wish to receive NRCB correspondence by fax				