

Application for Amendment

Application under the *Agricultural Operation Practices Act* to amend a permit for a confined feeding operation, manure collection area and/or manure storage facility(ies). ("Permit" means an NRCB-issued or grandfathered approval, registration, or authorization, including a grandfathered municipal development permit.)

NRCB USE ONLY	Application number _____	Date Stamp _____
<input type="checkbox"/> Approval <input type="checkbox"/> Registration <input type="checkbox"/> Authorization _____		

CONTACT INFORMATION

Applicant Information		
Name:	Corporate Name (if applicable)	
Address: (Street/P.O. Box)		
City/Town:	Province:	Postal Code:
Agent Information (if applicable)		
Name:	Corporate Name (if applicable)	
Address: (Street/P.O. Box)		
City/Town:	Province:	Postal Code:

LOCATION OF DEVELOPMENT

Which permit do you wish to amend? (List permit number and issuing agency.)	
Legal Land Description(s)	(Qtr-Sec-Twp-Rg-W Mer)

APPLICATION DISCLOSURE

This information is collected under the authority of the *Agricultural Operation Practices Act (AOPA)*, and is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. This information is public unless the NRCB grants a written request that certain sections remain private.

Any construction prior to obtaining an NRCB permit is an offence and is subject to enforcement action, including prosecution.

I, the applicant, or applicant's agent, 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

Application for Amendment – contd.



AMENDMENT INFORMATION REQUIREMENTS

Instructions:

For each part of your permit that you would like amended, please detail what change you would like made and why, and how your proposed change will meet the AOPA requirements. You may attach additional pages to this form to provide this information.

Please note that an approval officer may require a page (or pages) of the Part 2 application forms to be completed as part of this application for amendment, depending on what changes are proposed.

Application for Amendment – contd.



This page for NRCB and referral agency use only (not for public disclosure)

Applicant Information				
Name:		Corporate Name (if applicable)		
Contact Numbers	Business:	Cell:	Home:	Fax:
Email:				
Agent Information (if applicable)				
Name:		Corporate Name (if applicable)		
Contact Numbers	Business:	Cell:	Fax:	
Email:				