

APPLICATION/PERMIT

For authorization to perform work in/on/over/under the bed of the
Rideau Canal pursuant to the Historic Canals Regulations.

PLEASE PRINT

FOR OFFICE USE ONLY		
FILE NUMBER		
DATE	REC'D BY :	
AMOUNT	DATE	REC'D BY :

SECTION I (To be completed by Property Owner/Agent)

NAME OF PROPERTY OWNER					AGENT IF APPLICABLE Tom Willemssen				
MAILING ADDRESS OF PROPERTY OWNER				CITY		PROVINCE/STATE		POSTAL/ZIP CODE	
HOME TELEPHONE		BUSINESS TELEPHONE		EXT.		WORKSITE TELEPHONE (if applicable)		CELLULAR TELEPHONE	
CONTRACTOR'S NAME Rideau Aquatic Weed Control			CONTRACTOR'S NAME			TELEPHONE		CELLULAR TELEPHONE 613 985 0585	
LOCATION OF WORK SITE									
ASSESSMENT ROLL NUMBER (must be included) -----				ORIGINAL TOWNSHIP OR MUNICIPALITY (WARD)			CURRENT TOWNSHIP		
LOT	CONC.	PLAN NO.	SUBD. LOT #	PART NO.	WORK SITE CIVIC ADDRESS			WATER BODY	
WORK SITE LOCATION: Please provide written directions, draw a map in the space below, or attach a map that will enable staff to locate your work site.									
SHORT PROJECT DESCRIPTION: (please attach sketch) Project A: Eg. replace top 4 timbers on existing 6' x 6' crib dock. Please Check One: <input type="checkbox"/> If your waterfront is WIDER than 75 feet you can harvest up to 5,000 square feet ie 50'X100' <input type="checkbox"/> If your waterfront is NARROWER than 75 feet you can harvest up to 2,600 square feet ie 26'X100'					SHORT PROJECT DESCRIPTION: (please attach sketch) Project B: Eg. install new 20' x 5' floating dock.				
PROJECT LIST (Please circle one or more.)								AQUATIC VEGETATION REMOVAL (ONLY <input type="checkbox"/>)	
FLOATING DOCK	CANTILEVERED DOCK	POST DOCK	CRIB DOCK	PILE DOCK	RETAINING WALL/EROSION PROTECTION				
INLAND BOAT SLIP	BOAT HOUSE	BOATPORT	BOATLIFT	RAFT	LAUNCH RAMP				
DREDGING	OTHER (E.G. MARINE RAILWAY, BEACH) _____								
MATERIALS TO BE USED (Please circle one or more.)					INTENDED USE (Please circle.)				
VEGETATION	ROCK OR STONE	SAND	CONCRETE	STEEL	FILTER CLOTH	PRIVATE			
ENCLOSED FLOTATION	TREATED TIMBER	UNTREATED TIMBER	OTHER: _____			COMMERCIAL			
STATUS OF PROJECT (Please circle.)					CONSTRUCTION SCHEDULE				
NEW	REPAIR	REPLACEMENT	REMOVAL	ADDITION	EXPANSION	FROM _____ TO _____ (D/M/Y)			
PROPERTY OWNER'S SIGNATURE _____ DATE _____									

SECTION II (To be completed by Parks Canada staff)

AUTHORIZATION/PERMISSION IS GRANTED SUBJECT TO THE FOLLOWING CONDITIONS

- a) This approval expires on _____. Any work to be performed after the expiry date must have the approval of Parks Canada - Rideau Canal Office and may require the submission of a new application with the applicable fee.
- b) The conditions listed here in numbered form must be adhered to. An explanation of each condition is printed on the back of this application form or attached copy: _____
- c) Commencement of the work constitutes acceptance of the conditions contained herein. The Rideau Canal must be notified if you have not completed your project within the allotted time in order for a time extension to be considered.
- d) Additional conditions: See accompanying letter ☐ See below
- _____
- _____
- _____

<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN AMENDED FORM <input type="checkbox"/> DENIED <input type="checkbox"/> ACCOMPANYING LETTER SENT	
APPROVED BY PARKS CANADA - RIDEAU CANAL Signature Date CEAA OTHER	
YOUR CONTACT IS: PHONE (613)	SITE INSPECTION PRE DATE: _____ BY _____ POST DATE: _____ BY _____