



File No: _____

No Spray Program Application Form

1. Please fill out this table:

Date Application was filled out:	Name of Property Owner & Mailing Address:	
Legal Land Description:		
Phone:		
	E-mail:	Fax:

2. Application Type:

First Time Application <input type="checkbox"/>	For renewal applications:
Renewal <input type="checkbox"/>	File No. of Previous No Spray Application: Term: (start) _____ to (end) _____ <i>*For renewals, you may skip #3 and #4 unless there are changes in the property boundaries that need to be mapped.</i>

3. Property Type: Residential ☐ Agricultural ☐ Commercial ☐

Please state why a **No Spray Zone** is being requested (e.g. medical sensitivity, sensitive vegetation, exposed groundwater):

4. Please include a map or sketch of your property on the back of the application, showing all existing approaches and lanes. Include any existing features of the land in the immediate vicinity including buildings, roads, water features such as river, streams, marshes, low areas, etc. Please do not forget your North Arrow.

Pest and Weed Management on No Spray Zone Property:

- A. The R.M. of Wallace-Woodworth will undertake non-pesticide pest and weed control practices on municipal right-of-ways adjacent to property in this application by mowing and/or hand-cutting.
- B. The R.M. of Wallace-Woodworth will provide signage marked "No Spray Area" for easy identification of property on No Spray Zone. The R.M. will be responsible to install the signage in a location prescribed by the R.M. as to be readily visible from the traveled portion of the roadway during the months of June, July, August, September, and October.
- C. Upon approval, the property will be under the No Spray Program for three (3) years.
- D. In the event the Landowner changes during the term the property is listed under the No Spray Program, it is the responsibility of the Landowner to notify the Weed Supervisor of the change in ownership. At such time, the new Landowner may sign their own application form or decide to opt out of the No Spray Program.

I have read and understood the Pest/Weed Management Policy that the R.M. of Wallace-Woodworth will undertake on my property once it is listed under the No Spray Program.

Landowner Signature: _____

Date: _____



File No: _____

No Spray Program Application Form (con't)

Sketch Area:

****NOTE: If any information is missing, processing time may be considerably affected. A copy of the Pest/Weed Management Policy will be provided to the Landowner as reference. A property diagram will be created based on the sketch provided. The landowner will have to sign off on the diagram and will form part of this application.***

MUNICIPAL OFFICE USE ONLY

Application Received By: _____ Date Received: _____
Application Reviewed By: _____ Date Reviewed: _____

APPROVALS:

Council: Required ____ Not Required ____ Resolution # _____

The three-year term will be from _____ to _____

"Schedule B" of Pest/Weed Management Policy