

**City of Mount Pearl**  
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Mount Pearl, NL A1N 1G4

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## PERMIT APPLICATION – Environmental

**CONTACT INFORMATION** (Please Print) To be completed by Applicant

Applicant Name:	Date of Application:
Applicant Phone #:	Email:

**PROJECT:**

Location/Address of Work to be Done:

Type of Work:

Site Plan Required Outlining Work:	Estimated Commencement Date:	Estimated Completion Date:
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**1. Product Information (Please indicated type of product involved):**

Gasoline <input type="checkbox"/>	Lubricating Oil <input type="checkbox"/>	Chemical (gas) <input type="checkbox"/>	Hydraulic Oil <input type="checkbox"/>	Other <input type="checkbox"/> _____
Aviation Fuel <input type="checkbox"/>	Heavy/bunker Oil <input type="checkbox"/>	Chemical (liquid) <input type="checkbox"/>	Transformer Oil <input type="checkbox"/>	Unknown <input type="checkbox"/>
Diesel Oil <input type="checkbox"/>	Domestic Heating Fuel <input type="checkbox"/>	Chemical (solid) <input type="checkbox"/>	PCB <input type="checkbox"/>	

**2. Liquid and Gas Spills Estimated:**

Volume Spilled _____ Litres      Unknown <input type="checkbox"/> Volume Recovered _____ Litres      Unknown <input type="checkbox"/>	<b>Solid Spills</b> Amount Spilled _____ Kilograms      Unknown <input type="checkbox"/> Amount Recovered _____ Kilograms      Unknown <input type="checkbox"/>
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**3. Source of Occurrence:**

Fuel Storage/fuel line/fuel Pump <input type="checkbox"/>	Natural Occurrence <input type="checkbox"/>	Unknown <input type="checkbox"/>
Motor Vehicle <input type="checkbox"/>	Hydraulic System <input type="checkbox"/>	Other <input type="checkbox"/> _____
Hydrocarbon Exploration <input type="checkbox"/>	Heavy Equipment <input type="checkbox"/>	_____

**4. Type of Occurrence:**

Spill     Leak     Intentional Discharge     Exercise     Natural Occurrence     Other  \_\_\_\_\_    Unknown

**5. Matter Reported:**

To the Province: YES  NO  Name: \_\_\_\_\_ To Fisheries: YES  NO  Name: \_\_\_\_\_

**6. Category of Polluter**

Construction Company <input type="checkbox"/>	Natural Occurrence <input type="checkbox"/>	Government Department <input type="checkbox"/>	Other Business/Organization <input type="checkbox"/>
Transport/trucking Company <input type="checkbox"/>	Oil Company <input type="checkbox"/>	Exploration Company <input type="checkbox"/>	Other <input type="checkbox"/> _____
Mining Company <input type="checkbox"/>	Service Station <input type="checkbox"/>	School Board <input type="checkbox"/>	Unknown <input type="checkbox"/>
Private Citizen/Owner <input type="checkbox"/>	Utility Company <input type="checkbox"/>	Municipality <input type="checkbox"/>	

**7. Environmental Impact (Check All Applicable Impact Areas)**

Public	Wildlife	Plantlife	Miscellaneous
Evacuation <input type="checkbox"/>	Waterfowl <input type="checkbox"/>	Ground Cover Damage <input type="checkbox"/>	Water Pollution <input type="checkbox"/>
Injuries <input type="checkbox"/>	Mammals <input type="checkbox"/>	Damage to Trees <input type="checkbox"/>	None <input type="checkbox"/>
Deaths <input type="checkbox"/>	Fish <input type="checkbox"/>	Damage to Soil <input type="checkbox"/>	Other <input type="checkbox"/> _____
	Deaths <input type="checkbox"/>		<input type="checkbox"/> _____

**8. Home Oil Heating Equipment**

Inside Tank <input type="checkbox"/>	Host Tag# _____	Tank Gauge	Component Which Leaked	System Protection
Outside Tank <input type="checkbox"/>		12 Gauge <input type="checkbox"/>	Tank <input type="checkbox"/> Nipple <input type="checkbox"/>	Was component protected?
		14 Gauge <input type="checkbox"/>	Valve <input type="checkbox"/> Line <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Installed by: _____	Age of Tank _____	Unknown <input type="checkbox"/>	Filter <input type="checkbox"/>	How did component fail?
				Corrosion <input type="checkbox"/> Impact <input type="checkbox"/>

**9. Type/Extent of Clean-up Home Heat**

Dig/remove <input type="checkbox"/>	PVC Liner <input type="checkbox"/>	Off-site Impacts: _____
Pump and Treat <input type="checkbox"/>	Tier 1 Risk <input type="checkbox"/>	_____
Ventilation <input type="checkbox"/>	Tier 2/3 Risk <input type="checkbox"/>	_____
Bioremediation <input type="checkbox"/>	Combination <input type="checkbox"/>	Name of Remediation Company: _____

## 10. Consultant

Name(s) of Investigating Official(s) by Consultant

Is Investigation Complete? YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan Required Outlining Scope and Area of Work in Relation to Surrounding Area.

DECLARATION: I hereby submit this application and confirm that the information supplied is correct and complete to the best of my knowledge. I agree not to commence work without applicable written approval and permit from the City of Mount Pearl.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** *If Work Proceeds to The Next Stage, You will be Required to Submit an Updated Application and Plan to Obtain a New Permit.*

## PERMIT APPROVAL CONDITIONS

Permit No.: \_\_\_\_\_

File Reference No.: \_\_\_\_\_

This PERMIT is issued subject to the following:

<input type="checkbox"/> Provincial Regulations	<input type="checkbox"/> Time Restriction (specify):
<input type="checkbox"/> Federal Requirements	<input type="checkbox"/> Coordination with Regulator Agency
<input type="checkbox"/> Other	
<input type="checkbox"/>	
<input type="checkbox"/>	

# APPROVED

\_\_\_\_\_  
Date:

\_\_\_\_\_  
City Representative Name (Please Print):

\_\_\_\_\_  
City Representative Signature:

Copy to: City of Mount Pearl Staff:

- Engineering Services Project Manager – Mark Stuckless
- Municipal Enforcement
- Planning and Development Department Director – Stephen Jewczyk
- Public Works UTM Foreman

Other: \_\_\_\_\_