



# PESTICIDE PERMIT APPLICATION FORM

Legislative and Regulatory Services Department

Bylaw Enforcement Division

City of Victoria

#1 Centennial Square

Victoria, BC V8W 1P6

Please complete the application in full. If you require assistance, please contact the Bylaw Enforcement Division at 250.361.0215 or email [bylawenforcement@victoria.ca](mailto:bylawenforcement@victoria.ca) Completed application forms can be dropped off in person at 625 Pandora Avenue, Monday – Friday, 8 a.m. – 4:30 p.m., mailed to the above address, or faxed to 250.361.0205.

### OWNER INFORMATION:

Name of owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PROPERTY INFORMATION:

Civic Address: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Sec: \_\_\_\_\_ Plan: \_\_\_\_\_ Roll: \_\_\_\_\_

(Required if there is no civic address. This information can be obtained from the Bylaw Office at 250.361.0215.)

### COMMERCIAL APPLICATOR INFORMATION: (REQUIRED IF APPLICATOR IS NOT THE PROPERTY OWNER)

Name of the commercial applicator: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ministry of Environment Landscape Applicator #: \_\_\_\_\_

Ministry of Environment Pesticide Applicator's Certificate #: \_\_\_\_\_

### DESCRIPTION OF INFESTATION:

1) Is this application for a pest infestation? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Briefly describe the infestation and any alternative measures that have been tried to deal with the infestation.

\_\_\_\_\_

\_\_\_\_\_

3) Is the pest a danger to human beings?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please, specify the nature of the danger:

\_\_\_\_\_

4) Does the pest pose a serious environmental or economic loss to the owner or occupier of the land?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify the nature of the loss:

\_\_\_\_\_

\_\_\_\_\_

5) What is the name of the company or individual who did the infestation assessment?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

6) Have there been previous requests for pesticide use on this property?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Aware \_\_\_\_\_

**PESTICIDE INFORMATION:**

1) What is the name of the pesticide manufacturer?

\_\_\_\_\_

2) What is the commercial brand name of the pesticide?

\_\_\_\_\_

3) What is the Pest Control Product (PCP) registration number?

\_\_\_\_\_

4) Please provide label information that includes the target pests, active ingredients, application rates, etc. If possible, attach a copy of the label.

\_\_\_\_\_

5) Describe the method of application:

\_\_\_\_\_

6) What is the proposed date for this pesticide application?

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

7) What is the start and end time of pesticide application? \_\_\_\_\_ to \_\_\_\_\_

8) What is the alternate date for this pesticide application?

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

9) What is the alternate start and end time of pesticide application? \_\_\_\_\_ to \_\_\_\_\_

**I HEREBY MAKE APPLICATION TO APPLY PESTICIDE TO THE ABOVE NOTED PROPERTY AND SWEAR THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.** By signing this application, I agree to release, indemnify and save harmless the City of Victoria from any and all claims, causes of action, suits, demands, expenses, costs and legal fees whatsoever that I or the City of Victoria or any other person or corporation might have or incur because of loss of life, personal injury, or property damage resulting from the issuance of the Permit I have applied for or the use of the pest control product set out in this application or any other product I or my contractor applies to my property or the property of others.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

OR

\_\_\_\_\_  
COMMERCIAL APPLICATOR'S SIGNATURE

\_\_\_\_\_  
DATE

The personal information collected on this form is done so pursuant to the *Community Charter* and/or the *Local Government Act* and in accordance with the *Freedom of Information and Protection of Privacy Act*. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purposes unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another Act.

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_

Application No: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_