

CITY OF VICTORIA

CODE OF PRACTICE REGISTRATION FORM

The following is an application to register a discharging operation under a CODE OF PRACTICE as outlined in City of Victoria Storm Sewer Bylaw No. 05-80 **or** to change or cancel an existing registration. This application is to be filed with the City of Victoria Stormwater Quality Officer or his designate within 90 days of the City of Victoria Council adoption of the Code of Practice for a specific sector or within 30 days of a operation commencing discharge into the municipal drainage system. To apply for a change of information or cancellation of an existing registration, an application is to be filed with the Stormwater Quality Officer within 30 days of the date on which the applied changes will take affect at the operation.

1. Operation Name (name of company, partnership or individual or institution)

Registration # _____ (office use only)

Company Name: _____

2. Request

The Company hereby applies to (check one of the main sections and any applicable sub-sections):

Register as a discharging operation under one or more of the following Codes of Practice:

Check applicable code(s) below:

- Schedule D: Construction and Development Activities
- Schedule E: Automotive Operations and Parking Lot Operations
- Schedule F: Recreation Facilities
- Schedule G: Outdoor Storage Yard Operations
- Schedule H: Recycling Operations

Change existing Code of Practice registration # _____

Reason for change: _____

Cancel existing Code of Practice registration # _____

Reason for cancellation: _____

3. Registrant Information (Complete All)

Company Name: _____

Located at:

Suite Number: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

Mailing Address (if different from above):

Suite Number: _____

Street Address: _____

City: _____

Postal Code: _____

4. Contact Information

Owner

Name: _____

Telephone: _____ Fax: _____ email: _____

Facility Manager

Name: _____

Telephone: _____ Fax: _____ email: _____

5. Declaration

I hereby acknowledge that the information on this form is correct to the best of my knowledge.

Signature: _____ Date: _____

Name (print): _____ Title: _____

Mailing address: #1 Centennial Square, Victoria, BC, V8W 1P6 Fax # (250) 361-0311