

**R.M. Of Wallace No. 243**

**Brush Removal from Road Allowance Request Form**

Resolution No. 132-16

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

**Contact Information**

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Brush Removal Information – Agreement for Entry Forms from all land owners must be attached.**

Legal Land Description of proposed removal: \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range W2 or  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Registered Land Owner(s) of all applicable land(s) \_\_\_\_\_

**Work to be Completed Information**

Brush Removal to be completed by:

Registered Land Owner

Contractor: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other; Please specify: \_\_\_\_\_

Distance of proposed brush to be removed: \_\_\_\_\_

Width of proposed brush to be removed: \_\_\_\_\_

**-Please attach a clearly labelled map of the proposed work or complete the “*Brush Removal Application- Site Plan*” (Form B) of this application. Pictures of the site may be required by R.M. Council prior to approval.-**

**Brush Disposal**

**All brush must be disposed of after clearing at the applicant or land owner’s expense.**

Brush will be disposed of by means of: \_\_\_\_\_

Reason(s) for removal: \_\_\_\_\_

Expected date of work commencement and completion: \_\_\_\_\_

**Conditions**

1. Permission from the R.M. is required prior to any brush removal and any unauthorized work may result in a fine as per Bylaw No. 27-2006.
2. The R.M. requests that all buried cables or pipelines (includes all underground installations and survey monuments) be specified before work is to be completed. The R.M. will not be responsible for any and all damages to buried cables or pipelines.

3. All brush must be disposed of after clearing, if the brush is not disposed of in a form approved by the RM Council the RM maintains the right to clean up the brush and any costs for the R.M. to clean up brush will be invoiced to the land owner.
4. Upon approval, this permit will be in good standing for ninety (90) days and does not grant any future approval, nor approval for legal land locations not pertaining to this form.
5. No work is to commence prior to written approval from the RM Council. Any variance to this original application must be provided in writing and approved prior to work being done.
6. The Rural Municipality of Wallace No. 243 will not be held liable for any damage, loss or accident(s) that may be obtained during or after the brush has been removed.
7. Council reserves the right to conduct an inspection prior to work commencing and after the completion of any approved work to ensure compliance with the application and conditions set by Council.
8. Any damage to RM property (ex: road(s), culvert(s), etc.) will be repaired as directed by Council and at the landowners/applicants expense.
9. The Applicant certifies that all information provided is correct. The applicant, upon signing, agrees to all terms and conditions as provided on this form and any conditions that may arise upon approval of the application.

I, \_\_\_\_\_, of \_\_\_\_\_ have read and understood the application.

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

Printed Name of Applicant: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Office use only**

Date Received by RM Office: \_\_\_\_\_

For RM Council Meeting: \_\_\_\_\_

## Brush Removal Application- Site Plan (Form B)

Site Plan for legal land location \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range W2 or

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Indicate the following on your site plan:

- Location of all existing municipal roads (indicate road type)
- Provide natural drainage
- Dugouts, lanes, shelterbelts, fencing

Additional Description: \_\_\_\_\_

\_\_\_\_\_

Please provide all measurements in imperial (feet)



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**Council- In Office Use Only**

Resolution No. \_\_\_\_\_

Approval Form Date Received: \_\_\_\_\_

Council Meeting Date: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Division Councillor: \_\_\_\_\_

Contractor/ Person to complete work: \_\_\_\_\_

Cost Share: \_\_\_\_\_

Permission Granted for work to be completed within \_\_\_\_\_ days.

Reason Permission Denied: \_\_\_\_\_

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

Conditions that must be met: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reeve

\_\_\_\_\_  
Division Councillor

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name