

APPLICATION TO
PLANT FIELD SHELTERBELTS
IN THE RM OF STANLEY



Project#: _____
Date: _____

Applicant Name _____ Company Name (If applicable) _____
Mailing Address _____
Postal Code _____ Telephone No. (H) _____ (C) _____
Fax No. _____ E-Mail _____

Fill out only what applies:

Who will be completing the work: ☐ Applicant ☐ Other
Proposed work is located on: ☐ Private property only ☐ Municipal Right of Way only ☐ Both

Land Description: _____
i.e. NE-22-02-04W

Please provide details in description and/or sketch that apply:

- Tree species and spacing
- Location and proximity to ROW
- Proposed timeline
- Who will be doing the planting
- Total number of miles to be planted
- Location and age of existing trees on or near the property

Description:

Sketch/Map

Attached ☐

N

Sketch/Map

Attached ☐

N

Sketch/Map

Attached ☐

N

Sketch/Map

Attached ☐

N

Date work is planned for: _____

By signature below, I agree to follow the planting plan as approved, and notify the RM upon completion. I agree to perform all necessary actions to maintain the tree rows for the life of the shelterbelt, as not to create problems with weeds, drainage, and snow load along the RM right of way.
Upon notice of completion the RM will provide an inspection to verify that all aspects of the plan have been completed and issue a rebate upon confirmation that all necessary requirements have been fulfilled.

Signature of Applicant

Print Name

Date: _____

RM of Stanley:

Ph: (204) 325-4101 - Fax: (204) 325-4008 - Website: rmofstanley.ca

Ken Thiessen, Public Works Supervisor - Email: publicworks@rmofstanley.ca

THIS SECTION TO BE COMPLETED BY RM

Received By: _____

Date Received: _____

Date Reviewed: _____

- ☐ Application forwarded to Council/Committee
- ☐ Approved: Date: _____

RM Comments / Details:

