



SCHEDULE A

APPLICATION NO: \_\_\_\_\_

**County of Northern Lights**

**APPLICATION FOR DUST CONTROL - RESIDENCE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone No. Res: \_\_\_\_\_ Bus: \_\_\_\_\_

Email Address \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_ RURAL: \_\_\_\_\_

**THE APPLICANT AGREES TO THE FOLLOWING:**

1. The primary dust control agent to be used is calcium chloride.
2. That a 200-meter strip of road in front of the residence will be treated with the dust control agent.
3. That **only one treatment** of calcium chloride will be made in respect of this Agreement.
4. The County of Northern Lights does not guarantee the effectiveness of the dust control agent. Once the agent has been applied to the road surface **no refunds** will be made.
5. That a fee of \$700.00 (GST exempt) must accompany this application. ALL payments must be made prior to application deadline. The County **does not invoice** for Dust Control.
6. The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for dust control.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**All applications and fees should be submitted by May 2<sup>nd</sup> at 4:30 p.m.  
to:**

County of Northern Lights  
600 – 7<sup>th</sup> Ave NW, PO Box 10  
Manning, AB T0H 2M0

**NO LATE APPLICATIONS WILL BE ACCEPTED**