



SCHEDULE A

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

**County of Northern Lights**

**APPLICATION FOR DUST CONTROL - RESIDENCE**

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

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

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

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

PLAN # \_\_\_\_\_ BLOCK # \_\_\_\_\_ LOT # \_\_\_\_\_

HAMLET OF \_\_\_\_\_

DISTANCE OF THE RESIDENCE FROM CENTER LINE OF ROAD: \_\_\_\_\_

**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 \$600.00 (GST exempt) must accompany this application. The fee for seniors is \$540 (GST exempt) and must accompany this application.
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 April 30<sup>th</sup> to:**

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