



SCHEDULE A

APPLICATION NO: _____

County of Northern Lights

APPLICATION FOR DUST CONTROL - RESIDENCE

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

LEGAL DESCRIPTION: _____ RURAL: _____

HAMLET: _____

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 [7m wide] 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 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 included) 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.

DATE: _____

SIGNATURE OF APPLICANT

All applications and fees must be submitted by the last business day in April, at 4:30 p.m. to:

County of Northern Lights
PO Box 10
MANNING AB T0H 2M0
EMAIL: info@countyofnorthernlights.com

NO LATE APPLICATIONS WILL BE ACCEPTED