



**CORPORATION OF THE DISTRICT OF OAK BAY  
PESTICIDE REGULATION BYLAW**

**PESTICIDE USE PERMIT APPLICATION FORM**

**Note:** An application must meet one of the following requirements in order to be considered:

- a pest infestation that threatens the integrity of a sensitive ecosystem
- a pest infestation that will cause significant economic loss to owner of land
- to control the spread of invasive species or noxious weeds

**APPLICANT (Please Print)**

Name					
Address				Postal Code	
Phone		Fax		E-mail	

**OWNER (Please Print)**

Name					
Address				Postal Code	
Phone		Fax		E-mail	

Name of pesticide to be used	Dates of proposed use	Name of pest or plant targeted	Name / phone number of certified applicator

Reason for application for permit based on principals of integrated pest management as defined in the bylaw:

Description of area to be targeted with pesticide:	Address where pesticide is to be applied:

- In making this application the owner agrees to permit access to the property at all reasonable times by Oak Bay staff for purposes of conducting inspections of the property.

I hereby certify that the information is true to the best of my knowledge

**SIGNATURE OF APPLICANT**

**DATE**

**AUTHORIZATION** Required if applicant is not the registered owner

**SIGNATURE OF OWNER**

**DATE**

**STAFF USE ONLY**

**Official Stamp**

Permit Fee : \$ \_\_\_\_\_

Permit #: \_\_\_\_\_

**Pesticide Application**      Approved  Denied

**Reason:** \_\_\_\_\_

**Applicant notified:**

In person  by phone  by mail  by email