



**SCHEDULE – A, PART I**  
(Revised January 2018)

**SITE APPROVAL**

***FOR OFFICE USE ONLY***

**Distribution List:**

**Data Manager:**  \_\_\_\_\_ **Project File #:** \_\_\_\_\_

**Senior App. Eng.:**  \_\_\_\_\_

The information supplied in this application form is for site approval for a new installation or modification to an existing system, and shall be forwarded to the Department at least one month prior to the anticipated start of construction. The Department will assess the site sensitivity, based on the information provided. Within one month of receipt of this application, the Department will notify the applicant in writing of the requirement for either minimum installation standards or in the case of sensitive areas, additional leak prevention measures or, subject to the degree of sensitivity, the proposal may be denied.

**NOTE:** An application fee in the amount of \$25.00 must accompany this submission. Failure to do so will result in a delay of the processing of this application.

Cheques are to be made payable to the Minister of Finance. Please forward this application and applicable fee to:

New Brunswick Department of Environment and Local Government  
Authorizations Branch  
(20 McGloin Street, Fredericton, NB E3A 5T8)  
P.O. Box 6000  
Fredericton, New Brunswick E3B 5H1

Telephone: (506) 453-7945

Fax: (506) 453-2390

# 1. DESCRIPTION OF INSTALLATION OR MODIFICATION

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Proposed construction start-up date: \_\_\_\_\_

Provide a site sketch identifying the location of existing and new tanks along with any nearby underground services.

## 2. FACILITY AND TANK INFORMATION

Name of **Facility**: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Location Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

**Manager (Chief Operator's) Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Business) \_\_\_\_\_ (Residence) \_\_\_\_\_

Name of **Owner of System**: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Owner Email: \_\_\_\_\_

Owner Language Preference (please check):      English       French

**Supplier** of Gasoline or Associated Product: \_\_\_\_\_

### 3. SITE INFORMATION

PID No. _____		Property Tax No. _____	
Owner of Land: _____			
Mailing Address: _____			
_____		Postal Code: _____	
Telephone: (    ) _____		Fax: (    ) _____	
List the number of wells within the noted distance of the facility location:			
Within 300m _____		Within 1000m _____	
Will the proposed petroleum storage be located within a Wellfield Protected Area?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	

### 4. TYPE OF OPERATION

Retail Outlet <input type="checkbox"/>	Bulk Plant <input type="checkbox"/>	Not for Profit <input type="checkbox"/>
Commercial/Industrial/Woodlands <input type="checkbox"/>	Marina <input type="checkbox"/>	Residential <input type="checkbox"/>
Farm <input type="checkbox"/>	Provincial Government <input type="checkbox"/>	Municipal Government <input type="checkbox"/>

## 5. CORRESPONDENCE

All correspondence concerning this application is to be directed to:

Company: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

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

## 6. CERTIFICATION

I certify that to the best of my knowledge, the information provided in this form is true, accurate and complete.

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_