



Office Use Only Application No. Deposit Paid
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Sphagnum Moss Harvesting Plan

Physical address of the harvesting site:

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Full names of the owners of the site:

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The contact details of the owners of the site:

Address:

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Phone Number:

E-mail:

The full name of the harvest operator:

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The contact details of the harvest operator:

Address:

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Phone Number:

E-mail:

The legal description of the site, including the estate or interest held by the owners and any legal status or designation that applies to the site:

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Please detail the legal status of the natural wetland under any enactment or plan:

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Please provide an outline of the activities to occur in undertaking the sphagnum harvesting (including maps showing the operational areas), timelines for the harvesting, and confirmation that each requirement specified in the checklist of conditions for harvesting (contained in the form titled Form for Assessing Natural Wetlands After Harvest of Sphagnum Moss) will be met.

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Please attach to this form a map showing the location and boundaries of the natural wetland that is to be harvested and photographs of the area to be harvested.