

**NOTIFICATION OF MUNICIPAL DRAIN MAINTENANCE WORK
CONDUCTED UNDER A FISHERIES ACT SUBSECTION 35(2) CLASS AUTHORIZATION**

Municipality:	
Contact Name (print):	
Contact's Mailing Address:	
Phone #:	FAX #:
EMAIL (if available):	
Drain Name (as referred to under the Drainage Act):	
Township	
Location	
Work Zone*	FROM Lot _____ Conc. _____ TO Lot _____ Conc. _____
Impact Zone**	FROM Lot _____ Conc. _____ TO Lot _____ Conc. _____
Length of Work Zone _____ Metres	
<i>* Work Zone is that part of the drain where the work is actually occurring</i>	
<i>** Impact Zone - linear length of water course extending 1 km downstream of the bottom end of the Work Zone</i>	
Dates of Proposed Work	
START	Day _____ Month _____ Year _____
FINISH	Day _____ Month _____ Year _____
Drain Classification (classification of drain will be verified by local Conservation Authority and/or Fisheries & Oceans Canada)	Description of Works being Undertaken (check off all that apply)
Drain Class	Work Zone*
Impact Zone**	Bottom Only Cleanout <input type="checkbox"/>
A <input type="checkbox"/>	Bottom Cleanout with One Side of bank disturbed <input type="checkbox"/>
B <input type="checkbox"/>	Full Cleanout (restoring channel to original configuration) <input type="checkbox"/>
C <input type="checkbox"/>	Brushing of side slope <input type="checkbox"/>
D <input type="checkbox"/>	Brushing of top of bank (removal of riparian vegetation)
E <input type="checkbox"/>	- on one side only <input type="checkbox"/>
F <input type="checkbox"/>	- on both sides <input type="checkbox"/>
Unknown <input type="checkbox"/>	- on alternate sides <input type="checkbox"/>
Natural Water Course <input type="checkbox"/>	Other (please describe/append)
<p>I, the undersigned, representing the above named municipality, hereby declare my intention to carry out the works or undertakings described above in the classified drain. Furthermore, I request that I be provided with the appropriate <i>Fisheries Act</i> Class Authorization for the proposed work. I will carry out all activities relating to the project within the designated time frames and conditions as specified in the <i>Fisheries Act</i> Class Authorization provided.</p>	
Signature: _____	Date: _____
(Contact or Municipal Representative)	
FOR INTERNAL USE:	
CONSERVATION AUTHORITY:	SIGNED: _____
<i>The classification of the municipal drain indicated above has been verified by this office.</i>	Date: _____
	Conservation Authority
FISHERIES AND OCEANS CANADA:	SIGNED: _____
<i>Receipt of notification form and verification of the drain classification by CA are acknowledged.</i>	Date: _____
<i>A Class Authorization for a Class _____ Drain is issued pursuant to S 35(2) of the Fisheries Act.</i>	District Office (DFO-OGLA)



Fisheries and Oceans
Pêches et Océans