

**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"/>	<input type="checkbox"/>	Bottom Cleanout with One Side of bank disturbed <input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	Full Cleanout (restoring channel to original configuration) <input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	Brushing of side slope <input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	Brushing of top of bank (removal of riparian vegetation)
E	<input type="checkbox"/>	<input type="checkbox"/>	- on one side only <input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	- on both sides <input type="checkbox"/>
Unknown	<input type="checkbox"/>	<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> <p>Signature: _____ Date: _____ (Contact or Municipal Representative)</p>			
FOR INTERNAL USE:			
CONSERVATION AUTHORITY: <i>The classification of the municipal drain indicated above has been verified by this office.</i>		SIGNED: _____ Date: _____ _____ Conservation Authority	
FISHERIES AND OCEANS CANADA: <i>Receipt of notification form and verification of the drain classification by CA are acknowledged. A Class Authorization for a Class ___ Drain is issued pursuant to S 35(2) of the Fisheries Act.</i>		SIGNED: _____ Date: _____ _____ District Office (DFO-OGLA)	



Fisheries and Oceans
Pêches et Océans