

Mineral Lands Division

Department of Natural Resources P.O. Box 8700; St. John's, NL A1B 4J6 Quarries@gov.nl.ca

SUBORDINATE QUARRY PERMIT APPLICATION

Section A: Applicant Information		
What name do you want on the Subordinate Quarry Permit ("SQP")?		
Address:	Contact Person:	
	Phone Number:	
	E-mail Address:	
Section B: Quarry Permit (site) Being Requested	d ("Host Quarry Permit")	
Host Quarry Permit Holder Name:		
File Number of Host Quarry Permit: 711:		
Amount of material to be removed (m3):		
Anticipated Completion Date:		
Have you held SQPs for this quarry in the past?	res 🗆 no 🗆	
Is this Subordinate Quarry Permit required for a contr If yes, complete Section C If no, go to Section D	act? YES □ NO □	
Section C: Contract Information – complete only	if material is required for a contract	
Name of agency awarding contract:		
Address:	Contact Person:	
	Phone Number:	
	Email Address:	
Contract Details		
Contract/Tender Number:	Tender Closing Date:	
Anticipated Starting Date:	Anticipated Completion Date:	
Have you been awarded this contract? YES $\ \Box$	NO 🗆	
Contract Quarry Materials Tender Items		
Class A:	Other (please specify):	
Class B:		
Asphalt Aggregate:		

Section D: Quarry materials and operation specifics

Removal of topsoil is not authorized under this permit.

Types of material to be excavated:	Yes?	If yes, approx. volume (m3)
Sand		
Gravel		
Rock		
Borrow Material		
Horticultural peat		
Stockpiled Material		
Other (please specify)		
Other 1:		
Other 2:		
Other 3:		
Other 4:		

Additional	notes/	comments:

Quarry operations to occur:	Yes?
Drilling & Blasting	
Ripping	
Crushing	
Screening	
Washing	
Use of settling ponds	
Pit run removal	
Asphalt batch plan	
Other (please specify):	
Other 1:	
Other 2:	
Other 3:	
Other 4:	

Additional	notes/	comments:

Where will this material be used (e.g., municipality, Avalon Peninsula, export, etc.)?

What is the intended use for this material (e.g., backfill, winter sand, asphalt, concrete, etc.)?

Section E: To be completed by Quarry Permit holder ("host")		
Host Quarry Permit Holder Name:		
Contact Person:	Phone Number:	
Email address:		
How much material (m3) are you approving for removal?		
Date of Expiry for SQP (must be no later than expiry of Quar	ry Permit):	
What additional conditions or stipulations do you want included on the SQP?		
Are there additional pages outlining terms or conditions atta	ached? YES NO	
I hereby certify that I approve of the issuance of a SQP to th conditions of the Quarry permit and the information outline permit holder, I am ultimately responsible for any activity co quarry.	ed on this application. I understand that, as the host quarry	
Name:	Title/Position:	
Signature:	Date:	
Under the authority of the Access to Information and Protection of Privace process, manage and issue the programs or services of the Department or required by ATIPPA, 2015, but may be released under request in accordance collection, use and/or disclosure of this information please contact the A	of Natural Resources. Personal information is kept confidential as not with ATIPPA, 2015. If you have questions pertaining to the	

Section F: Requirements Checklist		
Complete and accurate information is important to avoid delays in processing your application.		
Please review and confirm the following:		
All sections of this form have been completed and signed.		
The host quarry permit holder has completed and signed Section E		
I have reviewed the Quarry Permit boundary and I agree to operate within this boundary		
A copy of the quarry permit for this site is attached.		
This application includes the royalty payment for the amount of material specified		
I hereby certify that I have reviewed, and agree to, the terms, conditions and special conditions of the host quarry permit, as well as those terms and conditions outlined by the quarry permit holder in section E of this application. Note: No material can be removed after the expiry date of the Subordinate Quarry Permit Once the specified amount of material has been removed, no additional material may be removed, regardless of the expiry date.		
Name: Title/Position:		
Signature: Date:		
Under the authority of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015), personal information is collected in order to process, manage and issue the programs or services of the Department of Natural Resources. Personal information is kept confidential as required by ATIPPA, 2015, but may be released under request in accordance with ATIPPA, 2015. If you have questions pertaining to the collection, use and/or disclosure of this information please contact the ATIPP Coordinator at 729-0463.		

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