



County of Northern Lights

Shelterbelt Program Application

NAME: _____

ADDRESS: _____

PHONE: _____

LLD OF PLANTING SITE: _____

Please fill out planting plan and return to the County of Northern Lights or mail to:

Attn: Blake Gaugler
P.O. Box 10
#600, 7th Ave NW
Manning, AB
T0H2M0

CERTIFICATION: I hereby certify that I have read, understood and agreed to the terms and conditions as outlined by the County of Northern Lights within the Shelterbelt Program Policy.

SIGNATURE OF APPLICANT: _____

DATE: _____, 20____.

Please indicate:

- * Planting site location
- * Visible erosion areas
- * Roadways & access points
- * Powerlines
- * Major construction or pipeline corridors
- * Waterways & other shelterbelts
- * Location of proposed shelterbelt

NW	NE
SW	SE

APPROVED BY: _____

DATE: _____, 20____.

Council motion to wave restrictions:_____