

TOWN OF STRATFORD
COSMETIC PESTICIDE BYLAW—INFESTATION EXCEPTION APPLICATION

Pursuant to Section 6.1 of the Town of Stratford Cosmetic Pesticide Bylaw, a Cosmetic Pesticide Applicator may apply for a permit to apply a Non-Domestic Pesticide that is not included in Appendix A: Allowable Pesticides of this Bylaw but that is permitted by the Province of Prince Edward Island for the following purposes or activities:

- a) to destroy, prevent or control a species of plant that is poisonous to humans by touch;
- b) to destroy, prevent or control an alien invasive plant species that may negatively affect the health of humans, the environment, or the economy;
- c) in a scientific experiment or for research purposes; or
- d) to treat an insect infestation where the number of insects exceed the threshold level specified in Appendix B of the Bylaw: Insect Infestation Thresholds

In order to receive a permit for an infestation exception, an Applicator must conduct an infestation threshold test in accordance with the methodology stipulated in Appendix B of the Bylaw and submit this application form, signed by the Applicator and Property Owner and accompanied by the \$60 application fee. Application forms may be submitted to the town at 234 Shakespeare Drive or via email to info@townofstratford.ca. Where possible, applications will be processed within two business days.

NOTE: Location of where the infestation threshold count was conducted must be clearly marked using a small stake or bright ribbon. Exemption Permit will not be issued unless location is clearly indicated.

APPLICATOR INFORMATION

Company Name:

Address:

City:	Province:	Postal Code:
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Tel:	Fax:	Email:
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PROPERTY INFORMATION

Civic Address:

Owner Name:	Phone:
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INFESTATION DESCRIPTION

Hairy Chinch Bug - Flotation method – bugs per 0.1 m²: _____ or Quadrat method – bugs per 0.1 m²: _____

White Grubs - bugs per 0.1 m²: _____

Sod Webworms- bugs per 0.9 m²: _____

European Crane Fly (Tipula pludosa) - bugs per 0.9 m²: _____

Area to be treated (square meters):	Pesticide proposed:
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Applicator Notes:

Signature of Property Owner:		Date:	
APPROVAL			
<input type="checkbox"/> \$60 fee received	Receipt #:	<input type="checkbox"/> Approved or <input type="checkbox"/> Denied	Inspector Name:
Inspector Notes:			