

**APPLICATION FOR CASUAL QUARRY PERMIT
FOR CROWN QUARRY MINERAL**



(In accordance with subsection 133(1) of The Mines and Minerals Act)

Name of Applicant Contact Person (Please Print)

Address

City Province Postal Code Telephone No.

E-mail iMaQS ID #

1. List legal:

(a) Legal Description L.S./Q.S. Sec. Twp. Rge.

(b) Exclusions WPM/EPM

Municipality

2. Is this location an existing pit/quarry? Yes No

3. Will the removal be exclusively from an existing stockpile? Yes No

4. Will mining require the use of explosives? Yes No

5. Type of material requested ([SEE SCHEDULE C](#))

6. Quantity of material tonnes. (ONE MINERAL PER APPLICATION)

CONVERSION FORMULA: (CUBIC YARDS X 1.5 X .9072 = TONNES)

7. Use of material:

<input type="checkbox"/> base course	<input type="checkbox"/> airfield runway	<input type="checkbox"/> railway ballast
<input type="checkbox"/> bituminous plant mix	<input type="checkbox"/> concrete	<input type="checkbox"/> rip rap
<input type="checkbox"/> shoulders	<input type="checkbox"/> driveway	<input type="checkbox"/> septic field
<input type="checkbox"/> traffic gravel	<input type="checkbox"/> municipal roads	<input type="checkbox"/> fill

Other use (specify):

8. Will the material be processed? Yes No

9. If material will be processed, indicate mode of processing:
 screening plant crushing plant washing plant

Other (specify):

10. If under government contract state agency and contract no.

11. Expected termination date * Expires within calendar year

12. Enclose application fee of \$34.65 (includes GST)

I certify that the goods or services applied for will be used solely for commercial use/activity.

Date: _____
Signature of Applicant

Application to be filed at the Office of the Recorder:

Unit 360 -1395 Ellice Avenue	Barrow Building
Winnipeg, MB R3G 3P2	143 Main Street
Telephone: 204-945-6531	Flin Flon, MB R8A 1K2
Fax: 204-948-2578	Telephone: 204-687-1630
Email: mines_br@gov.mb.ca	
Website: www.gov.mb.ca/iem/mines/imaqs/index.html	

OFFICIAL USE ONLY

Cheque/Cash/Auth. No. _____

Amount _____

Payer _____

Client No. _____

Date _____

Receipt No. _____

Amount _____

CASH STAMP

Agencies Contacted:
M.E. (Q.I.)
HIGHWAYS
W/D
AGRICULTURE
MTS
S.D.
IMR
HYDRO
FIRST NATIONS
OTHER -