

Grandfathering Determination Request

Request under the *Agricultural Operation Practices Act (AOPA)* for a grandfathering determination for a confined feeding operation (CFO), manure collection area (MCA), or manure storage facility (MSF)

NRCB USE ONLY	NRCB Grandfathering Number	Date Stamp
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CONTACT/OWNER INFORMATION

Name of owner:	Corporate Name (if applicable):	
Name of person making request:		
Address: (Street/P.O. Box)		
City/Town:	Province:	Postal Code:

LOCATION FOR WHICH GRANDFATHERING DETERMINATION IS REQUESTED

Legal Land Description:	(Qtr-Sec-Twp-Rg-W Mer)
County/Municipal District:	
Is the person making the request the registered landowner?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please attach letter of consent signed by all landowners)</i>	
Does this legal land location have an existing permit(s) for CFO facilities? (e.g. municipal development permit.):	
<input type="checkbox"/> Yes (if yes please provide a copy) <input type="checkbox"/> No Permit(s) #:	

Claimed Grandfathered Livestock Capacity (Capacity of the enclosures On **January 1, 2002**)

Livestock category and type	Claimed grandfathered livestock capacity

Claimed Grandfathered Facilities (On **January 1, 2002**)

Facility Name	Dimensions Length x width (x depth as applicable) (m)	Description of management of the facility (Seasonal use, movement of livestock, type of livestock etc.)

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Information to support grandfathering determination request: (Provide all relevant information to support the grandfathering claim. This can include, permits issued prior to January 1, 2002, records supporting the claimed capacity, photographs, details of facilities used to confine livestock, site layout plan, etc. Attach pages as required.)

Types of Records for Years 2000-2004	Yes	No	Comments
Aerial imagery (<i>old farm photos</i>)			
Photographs (<i>personal photos taken of animals/facilities</i>)			
Livestock Purchase Records (<i>auction market receipts</i>)			
Livestock Sales Records (<i>auction market receipts</i>)			
Financial Records (<i>Taxes</i>)			
Feed, Straw, Mineral Purchase Records			
Government Support Program Records (<i>GRIP, NISA</i>)			
Premises Identification Registration Records			
Quota Records			
Veterinary Records			
Manifests			
Calving/Farrowing/Lambing etc. Records			
Livestock Health Records (<i>records of livestock treatments/vaccinations</i>)			
Purchases of Livestock Holding/Handling Equipment (<i>poultry cages, dairy cow beds/stalls, farrowing crates</i>)			
Testimonies from Employees or Family Members (<i>that worked on the operation in 2002-2004 and could be contacted now</i>)			
Building and Construction Records (<i>concrete bunks, buildings, sheds, slab fences, barns, waterers, etc.</i>)			
Any Diaries, Journals or Daily Logs			
Other			

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REQUEST DISCLOSURE

I acknowledge that this information is collected under the authority of the *Agricultural Operation Practices Act*, is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*, and shall be deemed public unless the NRCB grants a written request that certain sections remain private.

I, the owner, or agent of the owner, have read and understand the statements herein and acknowledge that the information provided in this application is true to the best of my knowledge.

Date of signing

Signature

Corporate name (if applicable)

Print name

This contact information is only for NRCB, municipal, and referral agency use, and is not for public disclosure.

Owner Contact Information

Name:		Corporate Name (if applicable):	
Contact Numbers	Business:	Cell:	Home:
Email:			

Person (Other than Owner) Requesting the Determination Contact Information (if applicable)

Name:		Relationship to Owner:	
Contact Numbers	Home:	Cell:	
Email:			